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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Ethics and Medical Education

Someone once said of film producers that "they thought ethics was a county across the river from Kent". One cannot go so far as to say that about doctors or medical students, but certainly medical ethics does not loom very large as a subject in the medical curriculum. Indeed, the British Journal of Medical Education has said: "There is no formal teaching on the moral problems in medical schools and discussions on ward rounds are necessarily limited". This is surprising because we are constantly faced with moral issues, not as an object of discussion, but as practical problems; for example, when should we tell a patient he is dying? how much effort do we put into preserving the life of an appallingly deformed new-born baby? how do we balance the quality against the quantity of life?

Pressure Groups

What steps could be taken to remedy this lack of training? A simple answer would be to appoint a teacher of medical ethics in each of the London medical schools. However, John Rowan Wilson said in "World Medicine": "One can imagine what it would be like if a particular consultant on the academic staff were detailed to give a series of lectures on the ethical aspects of medicine. He would either sound so sanctimonious that the students would detest him, or he would sit on the fence so heavily that the iron would enter into his perineum". No one would wish the teaching of medical ethics to be in the hands of a representative of a religious, medical or political lobby or pressure group such as Moral Rearmament or The

Voluntary Euthanasia Society. Equally, no one man can have the detailed knowledge of the specific moral problems of different specialities to give a series of lectures on the whole of medical ethics. Although Moral Philosophy is taught throughout British universities there had been no study of ethics within medicine and the philosophy of medicine as a subject does not exist. Thus there is no agreed philosophical basis on which someone teaching medical ethics could base his lectures.

The Alternative

A far better alternative is to ask specialists who teach medicine and are familiar with the medical situations to discuss together in front of an audience of medical students, ethical problems raised through the practice of medicine. When information to clarify issues is required from other disciplines, for example lawyers, theologians, philosophers and sociologists, these should be readily available, but the problem is to maintain a high academic standard for their discussions. The nearest lawyer or theologian, like the nearest G.P. is probably the wrong one.

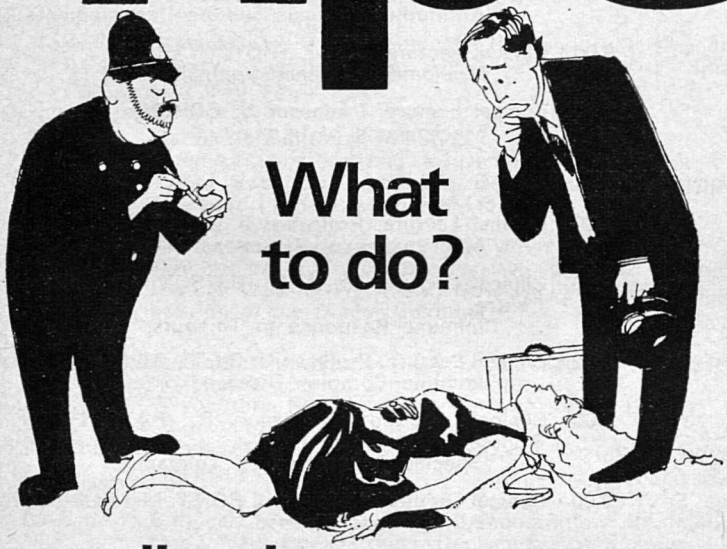
A Concensus

The London Medical Group has tried to answer these needs. It has brought together experts in various fields to try to clarify some ethical issues and if possible find a moral concensus. It has introduced an element of reflection into a particularly unreflective professional training. During each academic year the L.M.G. holds tiwce weekly lectures and symposia in the London medical schools and organises study seminars, clinical ward rounds and an annual conference.

An interdisciplinary consultative council exists to guarantee a high academic standard and every topic discussed is subject to a student critique. Indeed, unlike any medical school course, unsatisfactory lectures are not repeated. There is an annually elected president who is always a medical student. He is assisted by an 80-strong team of medical students, nurses and M.S.W.s, who undertake the local organisation. However, the L.M.G. is more than a student society and is increasingly being recognised as an effective co-operative effort between students and consultants to ensure that the study of medical ethics in medical schools is no longer ignored. Most medical schools, either through their Deans or their student unions have given grants towards the expenditure involved, Guy's being a notable exception. A new postgraduate association which has grown out of the L.M.G. is the Society for the Study of Medical Ethics. S.S.M.E. is run by junior hospital doctors, some of whom were associated with the L.M.G. or similar groups in Edinburgh, Newcastle and Sheffield.

Last year's conference, on The Problem of Euthanasia, was attended by 310 people and was heavily oversubscribed. The subject of the 1973 annual conference is "Survival of the Weakest"; the clinical and moral aspects of advances in perinatal care, will be discussed.

mps



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GUY'S DIARY

JANUARY

19	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Immune Response in Clinical Medicine."
26	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Structure and Properties of Antibodies."

FEBRUARY

2	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Reactions Mediated by Antibody Molecules."
9	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Antibody Synthesis and its Derangements."
16	Fr.	9.00	Clinical Lecture. Dr. M. T. GWYNARSKI. "Myeloma and Macroglobulinaemia."
23	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Mechanisms of Immunity."

MARCH

2	Fr.	9.00	Clinical Lecture. Professor S. COHEN. "Mechanisms of Hypersensitivity."
9	Fr.	9.00	Clinical Lecture. Dr. A. C. ALLISON, Clinical Research Centre. "Immune Response to Tumours."
16	Fr.	9.00	Clinical Lecture. Professor I. RIOTT, Middlesex Hospital. "Immune Complex Disease."
23	Fr.	9.00	Clinical Lecture. Professor R. BATCHELOR, East Grinstead. "Specific Immunological Tolerance."
30	Fr.	9.00	Clinical Lecture. Professor I. ROITT, Middlesex Hospital. "Autoimmune Disease."

APRIL

13	Fr.	9.00	Clinical Lecture. Professor R. BATCHELOR, East Grinstead. "Immunological Aspects of Transplantation."

POST-GRADUATE MEETINGS IN JANUARY

FRIDAY, 12th

8.00 a.m. Surgical Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.

1.30 p.m. E.N.T. X-Ray Meeting in Medical X-Ray Department.

SATURDAY, 13th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 15th

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.

12.30 p.m. New Cross Hospital Clinical Meeting in Ward 9A.

12.30 p.m. Weekly Orthopaedic Meeting in Christopher Ward.

1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.

1.00 p.m. Endocrine Meeting in Hunts House Library.

2.00 p.m. Clinical Orthopaedic Meeting in Orthopaedic Department in Casualty.

TUESDAY, 16th

12 Noon Haematology Department Meeting in Hunt Memorial Library. Curing acute leukaemia — Dr. A. Spiers (R.P.G.M.S.).

WEDNESDAY, 17th

1.00 p.m. Cardiac Department Meeting.

2.00 p.m. Surgical Staff Meeting in Demonstration Room, 2nd Floor, New Guy's House. Department of Medicine Meetings in Hunt Memorial Library.

2.00 p.m. Clinical Meeting.

3.30 p.m. Treponemal Disease — Dr. D. Wright.

5.00 p.m. Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House. Demonstration of the Drager Spiromat.

THURSDAY, 18th

12 Noon Paediatric/Psychiatric Case Conference at the Evelina Hospital in Hector Cameron Ward.

1.00 p.m. Respiratory Round in the Hunt Memorial Library, 4th Floor. Hunts House.

1.00 p.m. Postgraduate Meeting at New Cross Hospital in Nurses Lecture Theatre.

FRIDAY, 19th

8.00 a.m. Surgical Meeting in the Demonstration Room, 2nd Floor, New Guy's House. Department of Surgery.

12 Noon Urology Department Meeting in the Demonstration Room, 2nd Floor, New Guy's House.

3.00 p.m. Thoracic Department Meeting, 2nd Floor, New Guy's House.

SATURDAY, 20th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 22nd

12.30 p.m. St. Olave's Hospital — Staff Round in Conference Room.

12.30 p.m. New Cross Hospital Clinical Meeting on Ward 9A.

1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.

1.00 p.m. Endocrine Meeting in Hunt's House Library.

TUESDAY, 23rd

12 Noon Haematology Department Meeting in Hunt Memorial Library. Pathological activation of coagulation. 2 cases and discussion. Dr. I. Ingram (St. Thomas's).

1.00 p.m. Lunchtime Meeting in Pathology Department, Medical School. Development of T and E lymphocyte responses in cultures stimulated by mitogens — Dr. George Janossy, M.R.C. Clinical Research Centre, Northwick Park.

WEDNESDAY, 24th

1.00 p.m.	Cardiac Department Meeting.
2.00 p.m.	Surgical Staff Meeting in Demonstration Room, 2nd Floor, New Guy's House. Department of Medicine Meetings in Hunt Memorial Library.
2.00 p.m.	Surgical Meeting.
3.30 p.m.	Vitamin C, Insulin and Diabetes — Dr. B. Cox.
5.00 p.m.	Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House. Post-operative *Heat Balance — Dr. J. R. Wedley.*

THURSDAY, 25th

1.00 p.m.	Respiratory Round in Hunt's House Library.
1.00 p.m.	New Cross Hospital Postgraduate Meeting in Nurses Lecture Theatre.

FRIDAY, 26th

8.00 a.m.	Surgical Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.
1.00 p.m.	Staff Round in the Clinical Lecture Theatre, 2nd Floor, New Guy's House. Dr. R. A. C. Hughes — A case of relapsing polychondritis.

SATURDAY, 27th

11.00 a.m.	Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 29th

12.30 p.m.	St. Olave's Hospital — Staff Round in Conference Room.
12.30 p.m.	Weekly Orthopaedic Meetig in Christopher Ward.
1.00 p.m.	Paediatric Meeting in Pre-Clinical Classroom.
1.00 p.m.	Endocrine Department Meeting in Hunts House Library.
12.30 p.m.	New Cross Hospital Postgraduate Meeting in Nurses Lecture Theatre.

TUESDAY, 30th

12 Noon	Haematology Department Meeting in Hunt Memorial Library. Current Cases.
1.00 p.m.	Lunchtime Meeting in the Pathology Department, Medical School Serological investigations of Rubella infections. Dr. Elise van der Velde, Virus Reference Laboratory, Colindale.

WEDNESDAY, 31st

1.00 p.m.	Cardiac Department Meeting.
2.00 p.m.	Joint Meeting — Department of Medicine/Department of Surgery in Hunt Memorial Library.
3.30 p.m.	Department of Medicine Research Meeting in Hunt Memorial Library. Discussion on The Significance of the Rosette Test. Chairman: Dr. I. Roberts.
5.00 p.m.	Department of Anaesthetics Business Meeting in the Registrars Room, Department of Anaesthetics.

NEWS IN BRIEF

The Editor would like to congratulate Mr P. M. Mowschenson who has been awarded the Begley Prize of the Royal College of Surgeons for October, 1972.

Smith & Nephew Fellowship

Smith & Nephew Associated Companies Ltd., each year awards six Fellowships to doctors and surgeons from Commonwealth and associated countries to enable them to undertake specialist research and study with leading medical authorities in this country. Each Fellowship is worth £1,500 (at present under review). The company is now inviting applications for its 1974 Surgical Fellowships, details of which can be obtained from the Fellowships Administrator, 2 Temple Place, Victoria Embankment, London WC2R 3PB.

The 1972/3 Smith & Nephew International Medical Fellowship was won by Dr. Mubbashar of the York Clinic Guy's Hospital.

Laundry Fire

A fire caused extensive damage to the Hospital Laundry on Christmas morning. There may be some consequent shortage of linen and all wards and departments are therefore asked to use linen as sparingly as possible.

Group Training Officer

Mr. Ian Stone has taken up the appointment of Group Training Officer with effect from 4th December, 1972.

Annual Dental Clinical Meeting

The Annual Dental Clinical Meeting will be held on Saturday, 3rd March, 1973, and the Dental Society Dinner will be held in the afternoon. The full programme will be published in the *Gazette* on 23rd February, 1973.

Drug Information Room

A drug information room is now available in the Pharmacy department at Guy's containing a lot of information which may be valuable to both staff and students.

"Take-in"

The system of students being on "take in" with their firm is a well established practice at Guy's, and because they are now equipped with bleeps, it provides an excellent method by which they can be easily obtained to see and understand the arrangement of acute medicine.

Recently though, many students have found that they are not being "bleeped", if at all, until the patient is already on the wards. This makes complete nonsense of the potentially good scheme.

Physiotherapy and the Tunbridge Report

R. J. Cooper, M.C.S.P., Dip.T.P.

Physiotherapists, occupational therapists and remedial gymnasts are collectively described as the Remedial Professions in some of the reports and statements published in the early 70's, although another portmanteau phrase, Paramedical Therapy staff, has been coined in the Management Arrangements document. Still another designation —Professions supplementary to medicine—is used in the 1960 Act of Parliament which set up a Council and a number of Boards responsible, *inter alia*, for the state registration obligatory for those therapists practising in the N.H.S. A confusion of names which matches the confusion engendered in the professions by the proposals, counter-proposals and imminent changes in prospect for them.

A sizeable number of people in the Guy's Group are affectted. Regarding physiotherapists alone, there is an establishment for twelve at New Cross, six at St. Olave's, one at the Dunoran, and four plus a part-timer at the Charlton Park Physically Handicapped School. At Guy's itself there are two physiotherapists at the Newcomen Centre, twenty-four in the main department and a school with a teaching staff of thirteen, and a student body of one hundred and twenty-five. In total, therefore, one hundred and eighty-seven present and future physiotherapists, who, when added to the occupational therapy staff in the Group (there are no remedial gymnasts) comprise a significant section of the Hospital population whose professional future is in doubt.

Historically, physiotherapy can be said to have started as a profession in 1894 with the formation of the Society of Trained Masseuses, which became incorporated in 1900. This was the forerunner of the present Chartered Society of Physiotherapy which was granted a Royal Charter in 1920. At Guy's, massage was first taught to nurses "in their spare time" in 1888 and the present school was founded in 1913. Throughout this time physiotherapists, like occupational therapists, have been ethically bound to treat patients only under the direction of a medical practitioner.

The first portents of impending change came in 1970 when the Remedial Professions Committee (Oddie) published a report,[1] which echoed many of the findings of the Chartered Society's own Review Committee. It recommended closer integration between the three professions and the development of multi-discipline schools, with the introduction of common teaching in the basic subjects which might lead to the institution of a common course, although the creation of one universal remedial therapist was not supported. The need for research was emphasised (this point has been made in many of the documents) and the institution of a higher qualification common to the remedial professions was proposed.

Then, in February, 1972, came the long-awaited statement[2] by the

Committee on the Remedial Professions set up, with Sir Ronald Tunbridge as Chairman, by the Secretary of State. Unfortunately, the Committee found itself unable to agree a Report limited to its terms of reference—namely, to consider the function and inter-relationship of the three remedial professions, their relation to other personnel concerned with rehabilitation and the broad pattern of staffing required. The Secretary of State agreed to receive a statement, but, in a foreword, made it clear that the Health Department is in no way committed by the fact of publication inasmuch as it contained the Committee's views on matters which were not within its remit. Briefly, the statement listed the problems, as the Committee saw them, under the headings of remuneration, career structure, the professional role, and the need for research. Suggested steps to begin to solve these difficulties included representation from the remedial professions on advisory committees at both regional and area level to participate in policy formation and decision making, adequate staffing establishments, concentration of work in integrated departments and a review of training, here supporting the recommendations of the Oddie Committee.

In the summer, came the publication of the Rehabilitation report[3] of a sub-committee of the Standing Medical Advisory Committee, also Chaired by Sir Ronald and with some members common to both committees. This made far-reaching proposals for the organisation of rehabilitation services, many of which were welcomed by the remedial professions. Others, however, met with less general acclamation. One is the recommendation that a consultant in rehabilitation, drawn from any clinical speciality, be appointed to be in charge of the rehabilitation department, to organise the paramedical services and to teach all categories of staff how to apply modern rehabilitation techniques. He would be responsible for supervising the patients being treated within the department and deciding the organisation of its day-to-day running. Also he would be responsible for the deployment of all remedial staff for ward duties and work in other departments as well as in the rehabilitation department. Many of these tasks appear to be those now the prerogative of the superintendent physiotherapist, and we are concerned that a second consultant should be interposed between the therapist and the consultant originating the patient's treatment. A general oversight of physiotherapy treatment by a rheumatologist or an orthopaedic surgeon knowledgeable in methods of rehabilitation is the present-day practice, but many physiotherapists feel that the interests of none of the parties would be better served, and believe themselves to be adequately trained and sufficiently responsible not to require this additional supervision. The report does envisage delegation of responsibility for day-to-day treatment to members of the remedial professions "provided that they are always under the supervision of the appropriate consultant".

Then, like everyone else, we were further disquieted by the Government papers on reorganisation of the N.H.S.[4] and Management Arrangements[5], especially in that the representation of the

professions on advisory committees, recommended in both the Tunbridge Statement and Report, is conspicuously absent. A professional head of department may be appointed but, as far as management goes, this is merely to assist the consultant head in his advice to the District Management Team. At Area level, the situation would appear to be worse. One of the District professional heads will be appointed Area convenor to "monitor" services to ensure maintenance of standards and negotiate temporary inter-District loans of personnel. "Monitoring", it is explained, means requiring to be kept informed and having authority to persuade people to change, but not having authority to order anybody to do anything. A clear case of responsibility without power.

Ours are relatively small professions, the boundaries of whose roles are ill-defined and frequently not clear to the therapists themselves, let alone to the outsider. It would be unrealistic to suppose that each of us would be represented at each level, but it is surely proper that one of our collective number should be able to speak for us, rather than that the member of, say, the medical or nursing professions should speak on our behalf.

Recent events—not least Sir Keith Joseph's meeting with the representatives of the three professions—had, wholly or in part, led us to believe that others valued our contribution to health-care. We are concerned that we will not be able to make our own voice heard when the utilisation of our services is to be discussed and decided. We believe that our work is of value and that we are sufficiently educated and responsible to play a direct part in decision making.

It may be that we must reconsider our training yet again. Both the C.S.P. and the Association of Occupational Therapists have just reviewed their own syllabus. There is a great deal of common ground, as is acknowledged by the reduction in length of training each body offers to a holder of the other's qualification. The C.P.S.M. has reconstituted its Remedial Professions Committee under the chairmanship of Dr. Burt, and it is hoped that it will extend the work of its predecessor and make positive progress towards the integration which, some feel, is inevitable in the long run.

In the final analysis, whatever we do, the effectiveness of our therapeutic methods will continue to be in direct relationship to the intelligence displayed in its prescription. Would it be heresy to suggest that not only are we mature enough to help determine the contribution which we can make to rehabilitation, but that we could be entrusted with deciding which techniques are best suited to a given set of circumstances? We are not trained to diagnose, but we do have a lengthy training in therapeutic methods. It has been suggested that we are over-trained for the work we are allowed to do. Are we wrong to insist on high standards of knowledge on which to base these methods, or are we being underrated by those who refer patients to us?

References:

1 Report and Recommendations of Remedial Professions Committee (Council for Professions Supplementary to Medicine 1970).

2 Statement by the Committee on the Remedial Professions (H.M.S.O. 1972).

3 Rehabilitation Report of a Sub-Committee of the S.M.A.C. (H.M.S.O. 1972).

4 National Health Service Reorganisation: England. Cmnd. 5055 (H.M.S.O. 1972).

5 Management Arrangements for the Reorganised National Health Service (H.M.S.O. 1972).

An Occasion*

The lights were dim and many-coloured, the Spit decorated with party things and attractive girls in party dresses made everyone welcome wth smiles and home-made punch. Nobody was left lonely and soon we were all sitting around talking and eating the delicious food they had prepared. Then came the stage show, opening with a madrigal group, well-rehearsed and tuneful, which sang "Come again, sweet love, doth now invite" and "Waltzing Matilda". There followed a lot of knockabout comedy in which various staff members were called on stage and required to reply to absurd questions to banners held aloft saying LAUGH, APPLAUSE and so on; rewards for all the answers were pencils or bananas. It became clear that these students, whilst taking the mickey, actually liked their teachers: at one point, to a banner proclaiming CRAWLERS, they knelt and sang a little song in our praise. Some more serious items were included and the show ended with a short speech by the producer, thanking everyone but himself, an omission made up by the student audience. After the social remainder of the party, which ended in the small hours, those incredible students set to and cleaned the place in time for breakfast.

A professor bravely tried to express our gratitude; it was well done and we all agree, but there is more to say.

Sometimes a combination of the human spirit, the surroundings and the temporal setting will lift an event out of the ordinary, so that it transcends the occasion and becomes unforgettable. There was something about this party, held in our ancient hospital, the history of Guy's and the youth, beauty and obvious kindness and generosity of the students that I and others found deeply moving. When they stood on the stage and sang of love, I was near to tears; another openly wept. There came to mind those lovely lines, perhaps spoken publicly for the first time here in Southwark, about the "Golden lads and girls". It is a privilege to teach and indeed to be alive in the same world as young people like this.

G.A.D.H.

*Senior 2nd M.B. Student Party, 12th December, 1972.

Guy's Hospital Student Medical Education Committee

Chairman's Report for October, 1971, to November, 1972

Last year our major campaign concerned the teaching of pathology and I would like to start this year's report with reference to it. I am afraid that due to lack of experience our approach was somewhat tactless but the response was most heartening. This year we have had the first of the complete courses in the one year, the pass rate in the exam was very good and, what is probably of more relevance, the impression was given that the level of knowledge achieved by the candidates had improved. I hope that this is maintained. I would like to thank all those who were involved in the lecture courses and also everyone who contributes to the very good practical histology demonstrations.

Our first major encounter for this year concerned the problem of blood taking. Rhys Williams and I found those with whom we discussed the matter most understanding but the problem of serial blood samplings, as in glucose tolerance tests, remains unsatisfactory. However, such problems as the collection of specimens and the availability of equipment on the wards is greatly improved.

We are indebted to Lynne Hampson for the introduction of white coats on 1st January this year. They represent a great improvement but are still not worn by all clinical students. Name badges are now also generally available.

Around the time of the last A.G.M. Dermot Kelleher and Alan Turner approached us about psychiatric take-in. They received our charter to negotiate with Dr. Stafford-Clark and the outcome is that students now get paid for escort duties which are voluntary and more emphasis is put on seeing acute psychiatry in the take-in week.

Although the committee is seven or eight years old this year is the first time that it has had a written constitution. I must congratulate Rhys Williams for having produced it. Although we may be criticised for having amended it at the first subsequent election this has meant that we have not had to turn away many people who have shown interest and I believe that it was in the best interest of the committee.

Last autumn we arranged an open meeting for a discussion with Professor McColl one Saturday morning. This presented a valuable opportunity for an exchange of views and I hope it will be repeated.

There has been an appreciable alteration in the casualty appointment and students are now down there for a continuous week and receive formal teaching. The new system seems to be popular with both students and casualty officers. In the near future the senior dressers will be from the orthopaedic firms instead of the general surgical firms.

The final draft of the new university regulations for M.B., B.S. has now been made. A sub-committee was set up to plan a new course for second M.B. and its plans so far which are almost complete have been accepted by the School's Council. The course has been appreciably altered, I think for the better. I would like to pay tribute to all those on the sub-committee who worked with such determination to get a feasible and improved plan and also to thank Rudi Bilous and Tim Goulder who represented us on it. Although a provisional number of teaching hours has been allocated to each new subject no one has submitted a syllabus for any of them which has been accepted. I advocate caution when assessing any proposed new course as I fear that the weight given to the new subjects may make demands far in excess of their merits. When the plan is put into action, we hope in October, 1973, there will be a working party set up to recommend any alterations as it proceeds. This will include student representation.

Malcolm Levine and I have attended the first meeting of the sub-committee to review the clinical curriculum for the new course. This, too, promises to offer exciting developments. There is a proposal to try to assess the quality of the graduates so that the value of the course and the effects of any changes can be assessed.

I recently received a copy of the report of the first year of the running of the G.P. attachment scheme. It appears to be a very popular innovation but is under constant scrutiny for improvement.

Last year Jonathan Mackay and Berry Beaumont produced a list of rounds and outpatients in the group which all clinical students were free to attend. This was considered very worthwhile, especially for those revising for finals. I suggest that it should soon be brought up-to-date and recirculated.

I believe that in the near future we may become amalgamated with the Students' Club Union. I am told that this will not mean a drop in our status but it may improve efficiency and so I have no objection to it. I would like to thank everyone for their efforts throughout the year and Philippa Birch for being secretary. In his chairman's report last year Chris Rudge said that we could attack all problems whether trivial or enormous but I regret to note that some people prefer to air their grievances in the correspondence columns of the *Gazette* rather than to approach their representatives who may do something concrete to improve their lot. If I am asked for one phrase to define our objectives it is "to make our course more relevant to the needs of producing good doctors", I hope that the new committee will strive in that direction and I wish them all the best.

Paul A. F. Hewish.

Dr. C. H. Ripman—An appreciation

His many friends were delighted to see Rip at the Biennial Dinner in October. At 93 he must have been easily the most senior Guy's man present.

Rip forms a link with what many of us think of romantically as the Golden Age of Guy's. Born in 1879, Rip went from Dulwich with a classical scholarship to King's College, Cambridge. There he took the Classical Tripos and then, having decided on a medical career, he changed course and took the Natural Science Tripos, and came to Guy's.

He qualified M.B., B.Ch. in 1906, got the M.D. in 1908 and the M.R.C.P. in 1910. He was appointed Medical Registrar when there were but two, the other being Charles Cameron. The Consultants he worked with were Newton Pitt, Cooper Perry, Hale White and Lauriston Shaw. He was a Medical Registrar for four years but to his great disappointment missed preferment; the Consultant Appointment going to Charles Cameron. It was said that he fell foul of Cooper

"Rip" G.H.G. 6th July, 1912.

Perry, who was the Medical Superintendent, because he took him off in the Residents' Play. This Rip denies, saying that he was not a scientific doctor, but one interested primarily in people. He was, one hears from those who were his students, an excellent teacher. He instituted evening ward teaching rounds, which were crowded out. He was very friendly with Arthur Hurst. For some years he shared a flat with him and when he got married he was his best man. When Hurst started up the Seale Hayne clinic for shell-shocked soldiers at the end of the first great war, Rip was one of the small group of Doctors that he selected to join him to treat these gravely disabled men, by means of hypnosis and suggestion.

When he left Guy's, Rip went to Park Square West, Regents Park, where he still is, and built up a large practice in which he has looked after generations of patients to whom he has been guide, philosopher and friend and by whom he was and is, greatly appreciated and loved. When he reached the age of 92 he announced that he was retiring but we only half believed this. Rip's son Hujohn is well-known to another generation as the Consultant Obstetrician in Ipswich.

Those of us who have enjoyed the privilege of Rip's friendship will be familiar with his passion for punctuality, the peal on the door bell, the bounding up the stairs, the entrance watch in hand. Rip says that he has had a happy life but that his happiest days were those when he was a Registrar. We salute a great Guy's man.

J.W.M.

Guy's Hospital Music Club

Christmas Concert, 7th December, 7.30 p.m.

Guy's Hospital Music Club presented the annual Christmas Concert in Southwark Cathedral. The contents of the programme over the last few years has become more choral than orchestral, probably due to the small number of instrumentalists who seem to be available for rehearsals. Indeed a full orchestra was only used once when a performance of Beethoven's Overture "Coriolan" was given. In his opening remarks to the audience, the succentor to the Cathedral, the Reverend Wordsworth had quoted Dr. Johnson who once said about women preachers that "It is remarkable, not that they do it well, but that they do it at all." One regrets that this might also have been said of the orchestra. Mention should however be made of Ken Watkin who had undoubtedly put a great deal of effort into assembling this body of players.

The string orchestra which accompanied the choral works could hardly be compared with their independent counterpart although containing the same players. Together with the choir, they provided the large audience with a highly entertaining evening of music.

Comparison of the three works is unavoidable, particularly as each was handled by a different conductor, who succeeded in establishing their personal qualities upon the performance.

The opening work, Pergolesi's "Magnificat", was conducted by David Jackson, who, with a marked economy of movement which might have pleased even Sir Adrian Boult, maintained a tight control of his choir, who followed well, and gave a performance that one would have expected from a more professional group. The decision to use voices from the choir for the solos in the items "Et misericordia" and "Suscepit Israel" was perhaps unfortunate, even if dictated by reasons of economy, only due to the lower power and tone of the untrained voices, and did not detract from the enjoyment of the work. In the last movement particularly, "Sicut erat in principio", a fine tempo was established to give an impressive finish which earned warm praise from the audience.

This was followed by a "Ceremony of Carols" by Britten. The work consists of an arrangement of a number of mediaeval carols for treble voices and harp. The characteristic and often difficult harmonies complement the mood of the words. Margaret Amies handled the choir with determination and vigour, but the choir had lost some of its freshness, and gave a performance which lacked confidence in some passages. Intonation and rhythm gave difficulty at times; however the clear diction, of "As dew in Aprille", the bitter dischords of "In freezing winter night", the bell-like finish of "Adam lay i-bounden", the beautifully controlled dimiuendo of the "Recession", and the artistic harp solo played by Charlotte Seal, made this an unusual and highly competent performance.

The choral work in the second part of the concert was the "Gloria" by Vivaldi and was conducted by Richard Hayward. The choir and orchestra had obviously relaxed much more by this stage in the proceedings, and their enjoyment of the work communicated itself to the audience. This was a genuinely glorious performance, and little more need be said.

This was a most rewarding performance for the listener, and thoroughly worth every new pence of the modestly priced tickets. Detailed criticism of an amateur performance can be very dangerous, and is only possible because of the professional approach of the participants to their work. One must hope that these efforts will continue to be rewarded by still larger audiences, and support not just from the singers, but from the instrumentalists as well!

NOTICES

Guy's Hospital Music Club

Auditions are to be held on Monday, 15th January, in the East Wing for the Music Club's Production "Pirates of Penzance".

British Dental Journal

Renewal Subscriptions (£1 for students) are now due and should be sent as soon as possible to the B.D.J.

NURSING

GOODWILL AT CHRISTMAS

As Christmas fades rapidly into the past, it is possible to think objectively about the celebration of the festival in hospital, and whether the spirit of goodwill exists as strongly as it should.

Hospitals are one of the institutions which have to maintain a full service every day of the year. However, it is only essential for certain sectors to maintain a complete work force, most notable of these being the nursing, catering, and switchboard staffs. Others, which means the majority of employees are able either to drastically reduce or even discontinue altogether, their work.

There was a time, when nurses worked all day at Christmas in order that the patients should have as enjoyable a time as possible. This of course did deny them any opportunity of seeing their families, and one would not like to think that this should still be the case. It is though, saddening to see the large swing in the other direction, and to note the reluctance to work at all, which becomes greater each year. In this materialistic age it seems that hospital staffs are becoming as egocentric as humanity at large.

In these days of shift working, there are always less nurses in the wards than was previously the case. In addition it seems that Christmas week is the one destined to be the least well provided for out of the whole fifty-two. Consequently, those who do work have to become even more tired.

In the midst of all this it is becoming very noticeable that medical and lay staff are conspicuous by their absence over the festive season, having hastened to their houses in the country without offering any help. Even the events before Christmas are frequently not well supported.

Christmas necessitates a great deal of extra work, and the vast majority of this falls on the ward staffs. In addition, since it is the middle of winter, the sickness rate amongst the public is high. Therefore, student nurses, anticipating that they will have to work hard, do all in their power to ensure that they are off duty at this time. Some even resort to tears in order to achieve their aim. Surely if everyone was a little more positive, and approached the season with the thought that pleasure can be gained from giving enjoyment to others, they might be a little happier. Maybe they could even volunteer to work if they were officially off duty, and if they do not normally work in the wards could offer their services where they were most needed! At least the patients would have a more enjoyable time. Furthermore, it would prevent some of the indigestion resulting from a two-day orgy of eating and drinking.

It could even be that people would find that they had actually enjoyed themselves as a result of a little effort.

CORRESPONDENCE

General Medical Council

SIR,—May I defend your Passim on the G.M.C.? I am surprised that the erstwhile Chairman of the B.M.A.'s Junior Members' Forum (itself an Alice-in-Wonderland phenomenon) should display such seeming naivety about the grisly affair. The Brynmor-Jones Report was an act of quite monumental irrelevancy, and represented some astonishingly absurd activity on the part of such intelligent men. To solemnly discuss the structure of the G.M.C. before deciding what functions the structure will need to fulfil, is superfluous displacement activity of a pretty high order. This was followed by a similar Working Party, similarly composed of a pot-pourri of recidivist members of Establishment committees, engaged in the second half of a re-cycling of the status quo under the guise of genuine reform.

For some years now, the G.M.C. has become more imperious and tactless, increasingly out of contact with modern life and ethical standards, increasingly irrelevant to medical education—and spectacularly expensive. *They have been living beyond our means,* and, in order to be kept in the style to which they were determined to become accustomed, they took to demanding money with menaces—seldom an engaging or dignified posture.

Those of us who led the recent campaign for reform of the G.M.C. shared a number of beliefs. The Council was created to advise the public as to which doctors were properly qualified. We believe that those who are properly qualified have a *right* to practice medicine—rather than a "privilege", to be withheld at the whim of any group of their Peers who want assistance with their overdraft.

The G.M.C. has attempted, throughout, to hide behind the excuse that its activities are governed by Act of Parliament. We are, apparently, to believe that the Council is really just a poor, giddy little thing, well-meaning but shy, and wafted hither and thither by bullying Acts of Parliament over which it has no scrap of control. This is just too calculatedly artless for words. No legislation relevant to the G.M.C. has been made without full consultation with the Council, and none has failed to represent fully the Council's own views and wishes. The G.M.C. simply cannot, in all conscience, avoid accepting proper responsibility for its actions.

Despite Dr. Crowe's poignant suggestion that we have just narrowly missed Nirvana by failing to support "the B.M.A. line" there is no doubt that a public enquiry was essential. (The B.M.A. line rivals the Onedin line, in length and wetness, if not in quality and consistency). The G.M.C. had lost the support and confidence of a large proportion of the medical profession, and had earned the unanimous disapproval of every responsible newspaper and medical journal in the country (from *The Times* to the *Gazette*). It was high time that the Council was revised so as to properly serve the needs of the public and the profession rather than its own incestuous needs; and such a revision is simply too important to be left to the tender mercies of a secret cabal of top people.

Unlike Dr. Crowe, no one of us reformers is prepared to assume either that we know all the answers to the questions the Inquiry will have to consider—nor do we fear an open discussion of the situation—nor do we believe that we alone have a right to make these decisions without wide consultations within the profession and with members of the public. We gave up believing in the Divine Right of Kings some years ago—and few of us have turned to belief in the Divine Right of the G.M.C. or the B.M.A., galling though that thought may be to those who would prefer to think for us.

Yours sincerely, MICHAEL A. SIMPSON.
Life President, Apathetic Society.

It has been brought to our notice that the following facts were misrepresented in the Passim of 18th November, 1972.

(1) The G.M.C. was set up in 1858 not "approximately 130 years ago" as stated.

(2) The G.M.C. did not initiate the M.B. and College exams, they were in existence before 1858.

(3) There are two joint committees of the B.M.A.-B.M.C., not one as stated.

Editors.

2nd M.B. Party

SIR,—Through the courtesy of your columns I would like to thank the 2nd M.B. students for their excellent hospitality at their Christmas party. I would especially like to thank them all for their very generous leaving present and good wishes which I received on that occasion.

Yours Sincerely,

KENNETH TAYLOR.

Clinical Ultrasonics Laboratory,
Dept. of Nuclear Research.

General Practice

SIR,—An oustandingly good general practitioner, in a good practice in a nice town not far from London, told me, incidentally, in a letter about something else, that his practice is looking for a new partner.

I think this doctor would be a fine colleague to work with. If anyone who reads this would be interested to know the name and address, I would be very happy to pass it on to him.

Yours Sincerely,

R. C. MACKEITH.

Newcomen Clinic.
Guy's Hospital,
London, SE1 9RT

Boxing Club Centenary

SIR,—On the occasion of the Centenary of the Boxing Club (1973) it is hoped to stage a Boxing Show/Dinner in the Summer, subject to support from past and present members of the Club and other interested persons.

I would be most grateful, therefore, if any interested persons could indicate whether they would attend such a function and what form they would like it to take, i.e., Dinner or Dinner Show.

Replies c/o Medical School Office as soon as possible please.

Yours faithfully,

R. DURBIN.
Secretary Boxing Club.

Medical School, Guy's Hospital.

Snowflake Ball

SIR,—If I may I would like to thank, on behalf of the Student Club (and indeed those people who were at the Snowflake Ball), all the students, staff, hospital departments and outside companies, too numerous to mention, who helped to make the Snowflake Ball the success that it undoubtedly was.

Thank You.
Yours faithfully,

DAVID J. JONES.
(*Student President*).

East Wing,
Guy's Hospital, S.E.1.

Nursing and Social Work

SIR,—I was interested to read the Nursing Column in the *Gazette* of 2nd December and cannot help echoing some of the sentiments expressed there. The Department of Social Work is in a sense the Hospital's front door to the community and its main link with the Local Authority Social Services Department. If nurses in training are to make any real sense of the experiences they now have of working in the community this surely needs to be related to the arrangements made within the hospital to assist patients with social problems. One would have thought, therefore, that our department would have been requested to be fully involved from the curriculum planning stage onwards—but at present we are not asked to be at all concerned with this aspect of the nurses' training.

Yours faithfully,

PAT CORBY

SPORT

HOCKEY

King's Hospital 2. Guy's 3.

Guy's fielded their strongest side of the season for this important "Hospitals' Cup" tie.

It was a cool, damp Sunday morning at the Dog Kennel Hill ground, and the sticky surface on the pitch caused both teams some trouble. Indeed, it was King's who managed to string together their passes more successfully in the early stages of the game. After eleven minutes, a well executed move shattered the Guy's defence, not for the first time, and Cottingham was well beaten. This goal gave the game just what it needed, as Guy's had started rather lethargically.

The balance of power suddenly changed. Guy's fought hard and won more midfield control. Phoenix sprayed searching passes through the gaps in the King's defence which was further driven to desperate measures by Fell's highly lobbed balls.

Eventually, the inevitable equaliser came. An attack down the right wing sent Crawshaw clear. He pulled centre back to Phoenix at the edge of the circle. The first shot was saved by the King's keeper, but Forber made no mistake with the rebound.

Minutes later, Guy's went into the lead. Burns turned an inaccurate short corner push-in into an advantageous position, and beat two defenders before aiming a powerful shot past the keeper.

In the second half, Guy's lost a little of their edge, and the game became more scrappy. Another short corner was powerfully struck by Fell, into the roof of the net, and Guy's took a commanding 3—1 lead.

As the minutes ticked away, King's rallied their forces, and an idle moment in defence caused Guy's to concede a penalty flick from which Cutting scored.

Guy's, therefore, had to fight desperately until the end before they could be certain the match was safely won.

Guy's meet the winners of the Bart's—Middlesex match in the next round.

U.H. JUNIOR CUP QUARTER FINAL

St. Thomas' 1 — Guy's 4

Wednesday, 29th November, 1972.

As holders of the Junior Cup which was won last year on the very same pitch against the same opposition, the journey down to Cobham held a certain aura of excitement and nostalgia for the three remaining members of that victorious team; Jeremy Horton, Clive Handler and the present Captain, Barry Jones.

There was little to choose between the two teams in the first half. They both took a long time to settle down and mistakes and stray passes were commonplace. Guy's did however, look dangerous attacking down the middle in the early stages but St. Thomas' replied strongly at the end of the half.

The first ten minutes of the second half proved to be the crucial part of the whole match. Guy's completely destroyed the opposition with four beautiful goals by Dave Cole, Steve Flint and two by Andy Smith. Indeed Steve's goal typified the strong, brave and positive hockey played by Guy's at this stage. There will be few better taken or more intelligently conceived goals scored in the club this season.

Credit must be given to the opposition for their relentless efforts to equalise. They gave a spirited performance and often looked dangerous. Indeed on one occasion, Dave Cole raced back 50 yards to save off his own line. Apart

from that the Guy's defence looked unflappable. St. Thomas' scored from a short corner in the last ten minutes but "the die had been cast".

We thank St. Thomas' for providing an excellent pitch under the wet conditions. It is hoped that Barry Jones can lead his men to another Cup triumph.

Team: S. Luxton, C. Hendy, B. Stek, A. Harris, C. Handler, B. Jones, E. Bray, A. Smith, S. Flint, J. Horton, D. Cole.

RUGBY

GUY'S v RUGBY

Rugby. 3rd December, Lost 27—6

An early kick-off and a wet pitch set the scene for a poor performance by Guy's. A supporter commented after the game that the hospital side seemed bored by the proceedings. More accurately, Guy's played throughout with notable lack of enthusiasm.

Within minutes Guy's conceded a penalty goal. Neither side played with much relish in the first half but Rugby eventually found a rhythm while Guy's continued to plod about the field. The forwards gained some useful possession from the rucks, lost three tight heads in the scrums and a good deal more in the line outs. The backs attempted to run at times but conditions did not favour an open game and close support was often lacking when the gap appeared. At half-time the score stood at 12—3. Danford having kicked a penalty.

In the second half Guy's came to life albeit briefly. With sufficient will, the pattern of the game could have been altered at this stage but a poor rush by Rugby swept play back into the Guy's half. A clearing kick was placed nearly into a Rugby player's arms and he promptly dropped a goal. The hospital's recovery disintegrated thereafter and too many players seemed resigned to defeat. The tackling, never ambitious, became worse and Rugby scored several more tries one of which came after a series of token tackles by Guy's. Danford managed another penalty but Guy's never seemed likely to score tries.

T. G.

Team:—T. Want, T. Gibson, G. Evans, K. Rigg, S. Challacombe, H. Holliday, B. Hagan, N. Allen, M. Phillips, G. Owen, A. Cook, T. Druett, R. Yetton, A. Portelly, M. Danford.

GUY'S v METROPOLITAN POLICE

H.O.P. 9th Dec.

Lost 14-22

This was an exciting game with Guy's showing a fighting spirit absent in the previous week.

Against a heavier pack the Guy's forwards held their own and in the closing stages had a clear dominance. However, in the first half the story was different. For long periods Guy's were pressed in their own half. Some good tackling and covering by the back-row thwarted several police moves that threatened tries. Two silly penalties in front of Guy's own posts gave Met. Police an easy start. One of these was for foot-up in the scrum an infringement that was repeated later in the game in an identical position. Fortunately for Guy's the second kick went wide. The police added a goal to their total and at half-time Guys were twelve points down.

In the second half Guy's took the initiative. Cook interpreted a long stray pass and scored after a magnificent run. This provided the spark that fired the Guy's players. The police were pushed back and from a line-out Rigg successfully harassed the opposing scrum half who lost possession. Evans, poised at the front of the line and keen to prove the inaccuracy of previous

comments on these pages, pounced to score Guy's second try.

Although Met. Police drew further ahead with another goal and a try the best score of the match came from Guy's. A quick heel from a scrum, swift passing and a feint run. allowed Yetton to slice through the police defence and score beneath the posts. Danford converted.

With time against them Guy's tried desperately to make up the deficit and ran from every position. The backs played skilful and efficient football, providing some entertaining moments for Guy's supporters but too late to influence the final score.

Team: D. Stuart, T. Gibson, G. Evans, S. Challacombe, K. Rigg, B. Hagan, N. Allen, H. Holliday, M. Phillips, G. Owen, T. Druett, A. Cook, A. Portelly, R. Yetton, M. Danford.

T.G.

THE ARTISTS

At half-time in the season, it is an opportune moment to look back on the exploits of those legendary heroes, the Artists. This dedicated band of enthusiasts, who spent the summer training in public houses throughout the country, depriving themselves of the pleasures of the company of women, tobacco and rugby playing, to concentrate on their drinking, reunited in "The Grapes" in early September, under the guise (Guy's) of yet another rugby team.

The season erupted with Langdon hurling himself into a corner of the Midland Bank Sports Ground (an event recorded by the San Francisco seismograph), in a match won 10-3 pts., thanks to a second try by McPherson converted by Langdon. Another success against Grand Metropolitan Hotels XV followed, but as the side began to establish a rhythm of being hungover from the previous Saturday, defeats were suffered at the hands of Met. Police 4th Div. and London Irish B.2. This part of the season remains still, somewhat hazy.

At this time the Artists were beginning to acquire a reputation, which caused various opponents to cancel fixtures. This was not without justification for in the next match Bart's 4th XV were soon reduced to thirteen men and forced to borrow a player to even things up, before losing 38—4 pts. Tries: Mcleod, Bates, Wynn-Jones, Pearson. Conversions: Langdon(4).

Regular players this season have been; Pete Wheeler, Pete Nightingale, Marc Rowland, John Pearson (Capt.), Dave Young, Chris Kinchin, Greg Earnshaw, Bruce Mcleod, Hywel Jones, Dave McPherson, John Southgate, Paul Lewis, Chris Langdon, John Wynn-Jones, Mike White, John Shutes and John Rees.

Numerous mystery guest appearances were made by such characters as George from Paediatrics take-in, and Simon from St. Lukes College, who unfortunately failed to achieve the right blend of knock-ons and missed tackles which is a hallmark of Artist's still. The captain wishes to apologise for the unfortunate errors in management which have resulted in exactly fifteen players turning out every week and can assure all concerned that it will not happen in the future.

J.H.P.

WATER POLO

GUY'S I vs. WESTMINSTER I

Won 7—1 24th November.

A Guy's team, handicapped by the absence of their dynamic regular goalkeeper, Andy Helyar, succeeded in winning by a comfortable margin. Midfield domination was achieved due to the tireless efforts of Andy Smith and with the defence safe in the hands of Chris Bevis, Guy's were able to pack the Westminster goal and were unfortunate not to score more, the crossbar being struck several times during the game. Intelligent swimming, good ball control and tighter marking by all members of the team enabled Guy's to

dominate the match and only missed chances prevented the final score from being considerably larger.

Team: G. Auckland, C. Bevis, A. Smith, J. Clarke, T. Sands, G. Abrahamsohn.

The water polo teams this year are considerably stronger than last, both first and second teams gaining good wins over strong teams in the United Hospitals' League. Increased enthusiasm, regular training and the addition of several keen Freshers have contributed greatly to this revival and the future holds considerable promise.

RESULTS TO DATE

Firsts

Oct. 27 vs. Westminster 1	Won 10—1
Nov. 3 vs. Mary's II	Lost 4—5
Nov. 7 vs. London II	Won 2—1
Nov. 10 vs R.D.H. II	Won 5—4

Seconds

Oct. 31 vs. Bart's II	Lost 2—3
Nov. 10 vs. Mary's III	Won 5—2

Players. Captain: E. Gavin

Vice-Captains G. Auckand, G. Abrahamsohn.
J. Clark, C. Bevis, T. Sands, C. Holden, A. Helyar, A. Smith, N. Campbell, T. Abrahamsohn, R. Bowering, R. Hurwood, D. Hoyos, B. Hagan.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st March, 1973, for a period of six months. Applications should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **19th January, 1973.**

HOUSE APPOINTMENTS

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the following house appointments due to begin on 1st March, 1973. Forms of application are obtainable from and should be returned to Mrs. Webster, Medical Staffing Officer, as soon as possible.

The following house apopintments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

House Physicians	(3)
House Surgeons	(3)
Throat and Ear House Surgeon	(1)
Gynaecological House Surgeon	(1)
Orthopaedic House Surgeons	(3)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's or elsewhere.

House Physician	(1)
House Surgeon	(1)
Genito-Urinary House Surgeon	(1)

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) (1)
preference given to second six months candidate.
House Surgeon (pre-registration) (1)
preference given to second six months candidate.

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (pre-registration). (2)

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

BECKENHAM HOSPITAL

House Surgeon	(1)
House Physicians	(2)

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone (1)
House Physician with Dermatology and Neurology to Dr. Elliott, Dr. Van Grutten and Dr. Colover (1)
House Surgeon with Urology to Mr. Williams Mr. Park and Mr. Eldin. (1)
Senior House Officer in General Medicine to Drs. Bassadone, Elliott and Mallinson (1)
For six months, renewable.

ST. HELEN'S HOSPITAL, HASTINGS

House Physician with Geriatrics to Dr. Irvine (1)

HITHER GREEN HOSPITAL

House Physician to Dr. Blackledge and Dr. Lelwellyn Smith (1)

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun (1)
House Surgeon to Mr. Cavendish (1)
House Physician to Dr. Llewellyn Simth (1)
House Surgeon with Orthopaedics to Mr. Monty (1)

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson (1)
House Surgeon to Mr. Candy and Mr. Eldin (1)

ORPINGTON HOSPITAL

House Surgeon with Ophthalmology to Mr. Walker-Brash and Mr. Chivers (1)

PEMBURY HOSPITAL

House Surgeon (1)
House Physician (commencing 15th March) (1)

P. J. HELLIWELL,
Superintendent

December, 1972.

PASS LIST

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

November 1972 Examinations Pass List

Final

Miss Aste, P. J. Credit
Mrs. Bleach, S. A. (née Edwards)
Mrs. Hall, L. M.
Miss Hamblin, T. J.
Mrs. Heatley (née Manwaring), D. G.
Mrs. Humphries, J. R.
Miss Jackson, C. E. M.
Miss Lewis, V. B.
Miss Schott, A. F.
Miss Stock, L. R.
Miss Webster, A.

Intermediate

Miss Ashby, P. A.
Miss Barton, J. F.
Miss Booth, B. M.
Miss Cornford A. L.
Miss Cotton, R. A.
Miss Ellis J.
Miss Goldsworthy, B. B.
Miss Hall, S. L.
Mrs. Howey (née Counsell) Credit
Miss Hughes, B. E. M. Credit
Miss James, A. M. M.
Miss Kirby, D. J.
Miss Motum, M. D.
Miss Pote, E. V
Miss Rasaiah, D.
Miss Sumner, M. L.
Miss Wells, N. S

Preliminary

Mrs. Browse, R. E.
Miss Buckler, R. M.
Miss Hamilton, L. A.
Miss Jenkin, R. A.
Miss Lozynski, B. A. M.
Miss Major, S. B.
Miss Rowell, J.
Miss Snell, M. W.
Miss Tester, L. C.

CHANGE OF ADDRESS

Mr. and Mrs. John K. Crafts, P.O. Box 785, Chancery Hall, Reid Street, Hamilton, Bermuda.

Dr. Susan R. Greenwood (Mrs. A. C. Sanderson), Timbertops, Cadbury Camp Lane, Clapton-in-Gordano. BS20 9SB Tel: Nailsea 2005.

Mr. and Mrs. R. P. Juniper, "Innesmore" Brighton Road, Lewes, Sussex BN7 1EB.

Richard Morris, B.D.S., Practice Address: 27A High Street, Esher, Surrey. Tel: Esher 64929.

Peter and Jane Peace, "The Limes" Poltimore, Exeter, Devon. Tel: Broadclyst 427.

Mark Rake, "Elliotts" Nackington Road, Canterbury, Kent. Tel: 0227 61744.

Dr. R. H. Thacker, his wife Vivian and two daughters, Jacqueline and Louise are now living in Squamish, British Columbia, (P.O. Box 920).

BIRTHS

ALBERT: On 7th November, to Ann (Née Wiseman) and Raymond Albert, a daughter Roberta Jane, a sister for Peter and twins, Kathryn and Elisabeth.

DEBENHAM: On 1st December, at Queen Charlotte's Hospital to Clive and Penelope (Née Nunn) a son, James Millard.

HORGAN: On 5th December, 1972, at the Royal Berkshire Hospital, to Margaret (Née Esau) and Edward Horgan a daughter Emily Sophie, a sister for Simon, Kate, Lucy and William.

KNIGHT: On 12th December, 1972, at Ipswich Hospital, to Rosemary (Née Dixie) and Michael Knight, of 8, Kirby Close, Ipswich, a daughter, Sarah Jane.

MARRIAGES

BISHOP—TRUBODY: On 28th October, at Syston Parish Church, Glos. Mr. Nicholas Lloyd Bishop to Miss Amanda Jane Trubody, S.R.N. Present address 18, Maidenstone Hill, Greenwich, London S.E.10.

PERSONAL

WANTED FOR AUSTRALIAN DOCTOR: Working at Guy's—three or four bedroom house for one year from February, 1973. Please contact Dr. J. S. Cameron, Bostock House, Guy's. (Tel: 407-7600, ext. 783).

TAX-EFFECTIVE: Pensions, Life Assurance Planning, House Purchase, Investment. John Bradford (Life and Pensions Services) Ltd., 32, King's Avenue, Redhill RH1 6QH. Tel: Redhill 65608. Code from London 91.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS T. J. GOULDER and K. N. BULLOCK

SPORTS CORRESPONDENT G. MOULDING

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2205

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Disposable Society

The modern hospital abounds with "use once only" equipment. In many areas of life the idea of using a piece of equipment and then cleaning it for further use has become abhorrent. There are tremendous financial pressures to use disposable products, namely the high cost of labour. It is easy to automate the process for the manufacture of goods, but to clean and re-use such goods is apparently beyond our present skill. This disposable trend has produced unemployment and greatly encouraged inflation. To reduce this unemployment and to increase profits, we cleverly produced the notion of Built-in Obsolescence. The present car has a life-span of five years, in the bad old days a car could last for 20 years. Today we have developed modern technology to reduce the life-span fourfold.

This trend may be desirable for our life style, but it does demand a high level of recycling waste. Otherwise it is absolute folly to produce goods with a limited life. If we can solve the ecological problem, then we can tolerate this built-in obsolescence.

The real danger is that this disposability will be carried into our lives. We may come to regard people as expendable. Already, hijacking and terrorism clearly regard life as expendable to justify a cause.

Our ideals may also become pre-packaged "use once only". We may select ideals and then simply dispose of them as the mood takes us. True ideals are not disposable, they have stood for centuries and have no built-in obsolescence. We cannot let our consciences be pre-packaged items. This may all seem far-fetched, but remember we have been quite prepared to accept built-in obsolescence as a

fact of life, something intolerable to any craftsman of the last century. If we are told to adopt the same attitude to moral problems we may easily adopt the same acquiescence. Built-in obsolescence was the easy exit from a difficult situation we had created, hence we turned a blind eye. Equally we could adopt the easy role to solve ethical problems, however the easy path is rarely the right one. Idealism is not economic, we often cannot afford it but equally we cannot afford to lose it. If ideals are allowed to become disposable then we will join those cars on the scrapheap!

GUY'S DIARY

JANUARY

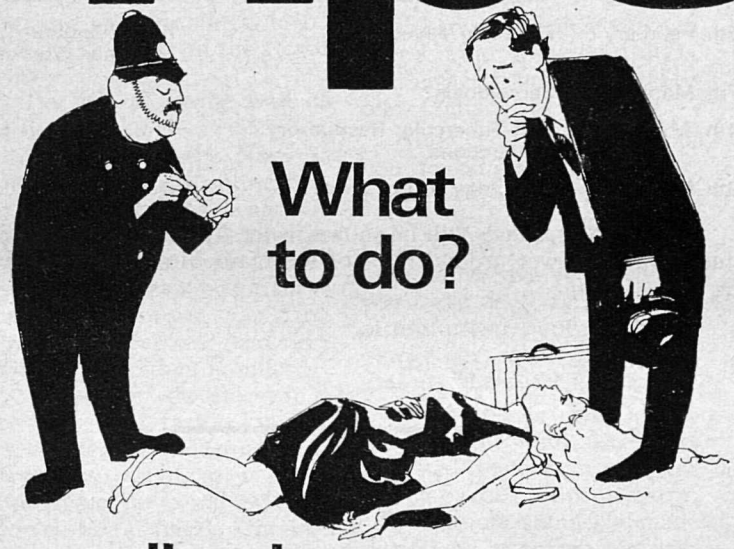
30	Tu	1.00 Clinical Lecture. Mr. McARTHUR

FEBRUARY

1	Th	1.00 Clinical Lecture. Prof. LESSOF "Diseases of the Testes and Ovaries".
2	Fr	1.00 Clinical Lecture. Dr. DEUCHAR "Non-Rheumatic Mitral Incompetence".
5	M	1.00 Clinical Lecture. Prof. McCOLL
6	Tu	1.00 Clinical Lecture. Dr. MACKEITH
8	Th	1.00 Clinical Lecture. Prof. KEEN "Diabetes Mellitus".
12	M	1.00 Clinical Lecture. Dr. HYAMS "Introduction to Geriatric Medicine".
13	Tu	1.00 Clinical Lecture. Mr. ELLIS "The Ischaemic Limb".
15	Th	1.00 Clinical Lecture. Prof. KEEN "Diabetes Mellitus — Complications".
16	Fr	1.00 Clinical Lecture. Dr. HELLEWELL
22	Th	1.00 Clinical Lecture. Prof. KEEN "Diabetes Insipidus and Hypoglycosuria".

We should like to apologise to anyone who was misled or inconvenienced by the errors in last week's Guy's Diary.

mps



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Leeds 42115/6.

195 Newport Road,
Cardiff CF2 1UE.
Cardiff 43852.

CLOSED CIRCUIT TELEVISION

Spring Term 1973

17th January	The Pathology of Diffuse Pulmonary Fibrosis	Dr. Kenneth Hinson
24th January	Physiological Investigations of Infants and Children with Heart or Lung Disease	Dr. Simon Godfrey
31st January	Respiratory Function	Dr. Frank Prime
7th February	Immunology	Prof. Jack Pepys
14th February	Advances in the Chemotherapy of Tuberculosis	Dr. Hugh Etott and Dr. Kenneth Citron
21st February	Airways Obstruction	Dr. Timothy Clark
28th February	Fibrosing Alveolitis	Prof. Margaret Turner-Warwick
7th March	Sarcoidosis	
14th March	Non-Tubercular Respiratory Infections	Prof. J. Robert May
28th March	Radiology of the Chest	Dr. J. W. Pierce

These programmes will be shown in the Closed Circuit Television Studio on the lower ground floor of the main Medical School Building at 1.15 p.m.

NEWS IN BRIEF

New Year Honours

The editors would like to congratulate Air Vice Marshal Sir Ralph Jackson, K.B.E., C.B., Q.H.P., F.R.C.P., who received his knighthood in the New Year Honours list. He qualified from Guy's in 1937, joined the R.A.F. in 1938 and became Senior Consultant in Medicine in 1971.

It is interesting to note that the Senior Physician to the R.A.F. has been a Guy's graduate since before the war.

Congratulations also to Wallace Fox (qualified 1943) who received the C.M.G., to Oliver Brears (qualified 1939) and Lieutenant Colonel William Pryn (qualified 1951) who received the O.B.E.

THE NAVY IS OFFERING TWENTY-FIVE MEDICAL CADETSHIPS THIS YEAR. ONE COULD BE YOURS.

To be in the running, you must have your 2nd M.B. behind you.

After that, we'll want to be sure you are suited to be a medical officer in the Royal Navy.

For it's a unique way of life.

Serving with the Navy at sea, you'd have absolute responsibility for the health of all on board—and possibly in other ships as well. Alternatively, in Naval hospitals at home and abroad, you'd be caring for Service men and women—and their families.

Wherever you are, you'd be part of a team. Finding new interests—meeting new problems—seeing new faces. For as well as being a doctor you'd be a naval officer—with the travel, the satisfaction and the full rewarding life that every naval officer enjoys.

Of course all this happens after your registration. In the first place, to qualify for a medical cadetship, you must pass your second M.B., or equivalent. After that you must be selected, following a Board interview.

Then while still at medical school, you are just like any other student. Except that we pay your fees and give you a guaranteed salary of £1,898 a year in the rank of Surgeon Sub-Lieutenant.

When you qualify you can spend your pre-registration year either at your hospital or one of ours.

After which we promote you to Surgeon Lieutenant, your pay goes up to £3,942 a year and you begin your short-career commission with us for five years. When you leave us you'll take a lot of useful experience with you—together with a tax-free gratuity of at least £1,400.

As well as 2nd M.B. students, the Navy also enters qualified doctors for a 5-year short-career commission. (Applications should be made during or after pre-registration year.)

Write now to Surgeon-Cdr. L. C. Banks, M.B., B.Ch., R.N. (26 AZ), Dept. of the Medical Director-General (Navy), Empress State Bldg., London, S.W.6, and tell him your age and qualifications. In return he'll tell you more about the advantages of applying for a medical cadetship or commission with the Royal Navy.

RN ROYAL NAVY

Ladies' Common Room

Moves are afoot to take over the Women's Common Room for Student Club purposes, due to the longstanding overcrowding of the present Students' Club Office.

It has been suggested that the administrative side of the Students' Club should be moved to the Women's Common Room—the duplicating and Inflam equipment would remain in the present office.

As yet this is only a proposal but it may well become fact. The A.G.M. of the Students' Club, to be held in March, will be the scene of the final decision.

Family Planning Clinic

Dr. J. Saunders has been appointed by the International Planned Parenthood Federation to take over the Family Planning Clinic held on Friday afternoon in the Out-patient Department as from 19th January, 1973.

Obstetrics and Gynaecology Revision Lectures

There will be a revision of lectures in obstetrics and gynaecology for students taking M.B. in April. The lectures will be held in the Gordon Museum at 4.30 p.m. on Tuesday and Friday afternoons, starting on Tuesday, 30th January. Lists of lectures to be given will be posted in the Medical School, Colonnade, Department of Obstetrics and East Wing.

Residents Play

The residents will be holding their annual play from 12th February to the 16th this year, the title being "The Godmother, or Private Knives".

All applications for tickets should be made to Dr. John Camm, c/o Mrs. Webster, Counting House, Guy's Hospital. As usual, no charge is made for tickets but any donations should be enclosed with the application for tickets.

Summer Time Blues

Those who know them may not be surprised to hear that Dr. Andrei Calin (Senior Registrar in Rheumatology, Metabolic Bone Disease and Disorders of Joints and Connective Tissue) and Dr. Jane Weller (just qualified, currently general peripatetic locum) are now engaged, and plan to get married some time in August.

NOTICE

BRITISH POSTGRADUATE MEDICAL FEDERATION

Weekend Course, 24th/25th February, 1973.

"Paediatric Problems in the First Year of Life",

at the Evelina Hospital.

A Century of Those Whose Business Ties with Health

W. Sheeran

[The Guy's Hospital Boxing Club celebrates its centenary this month and this (much shortened) history is to be warmly recommended to all who read the *Gazette*. We extend our congratulations and thanks to Mr. Sheeran for such a splendid piece of work, which will be published in several parts—Ed.].

Guy's Hospital Boxing Club, in the year 1973, is having one of those lean periods which, for reasons to be discussed in the following pages, have afflicted it on odd occasions through the one hundred years of its history.

Optimism is not one of my strong points, but after studying in depth the course of the Club, and noticing the constant swinging to and fro of the pendulum of social history, there seems to be a fair chance that Guy's will again make its name, however fleeting, in the world of boxing during the years to come.

There have been other times when, because of a similar lack of interest, the club existed in name only. Then, with a change in attitude, usually coinciding with political problems at home or overseas, a few dedicated enthusiasts, which Guy's seems to be able to produce with unfailing regularity, have bonded together and revived this the most manly of contact sports.

At the moment the student feeling is that which one might expect with the social scene as it is. The craze for the liberal attitude, the love of humanity, the helping of humanity and the obtaining from humanity, do not altogether equate with the "fight for existence" which has been the sole reason for progress during the short life of Homo Sapiens, and the sport which is a natural extension of this belief. When conflict comes today man, like the wolf, finds safety in the pack. The nobility and honour of individual combat is just one of those terms which one reads about in the old imperialistic tracts used to instil hero worship and thus keeping the masses admiring but not thinking. It is, however, very interesting to note that in the Communist countries where the "struggle" is said to exist, the sport of Boxing holds an honoured place.

The following history is just one man's view, and a biased one at that, of a so-called minor sport at Guy's which, taken in its wider context, holds the same exclusive position, in Boxing, as the Rugby Club does in its sport, namely that it is the oldest existing club in the world.

Rather than just list years, names and results of contests, I thought that a more rewarding way of studying the past 100 years would be to include, with this relevant data, items of interest going on within the hospital, alongside certain outside occurrences, which may have had an effect directly or indirectly on student life at the time.

This has been my humble intention, but whether I have been

successful or not, I leave to the imagination and patience of the reader.

The Hospital motto, while being a useful moral guide to the young students and nurses starting off on a life of service to the community, is likewise a beneficial instruction to the boxing fraternity of what must now be considered the oldest existing club in the world.

At the present time, when the anti-boxing brigade, led by Baroness Summerskill, has brainwashed the educationalists into discouraging boxing at schools, when aggression is universal and instruction regarding its control is sadly missing, the writer feels obliged to preface this history with a few paragraphs on the origin of the "Noble Art of Self Defence".

In the beginning of the 18th Century, when travel was in its early stages of development and inland commerce was becoming less village orientated, merchants and members of the aristocracy were subject to the attacks of highwaymen, footpads and pickpockets whilst journeying from one place to another. Schools were formed in which masters of the art of combat taught self defence and the arts of fencing, pugilism and singlesticks. The latter was a form of cudgel combat, but devised so that the traveller could use his walking cane.

Because of the competitive nature and gambling habits of the time, these teachers were taken into the patronage of the wealthy and would undertake contests amongst each other for championships of various areas and then of England.

The first recognised national champion was James Figg who had his academy at the "Adam & Eve" public house in what is now Oxford Street. He would erect booths at various fairs around London and challenge allcomers to beat him at the three forms of combat.

One of his great friends was William Hogarth who depicted Figg in his celebrated picture of Southwark Fair. Up until his death in 1734, he was to be seen not far from the "George Inn" daring all men to stand up toe to toe for "love and a bellyful".

When Thomas Guy was founding his hospital for Incurables on the south side of St. Thomas' Street in 1725, James Figg was demonstrating his prowess to a public which without doubt included the young apprentices of St. Thomas' and its new sister hospital. In 1763 the fair was "suppressed" but the interest in pugilism continued at Guy's.

John Keats the poet, who qualified as a Licentiate of the Society of Apothecaries in 1815, was a very strong supporter of the "Noble Art". His biographer, Gittings, attributes his pugnacity to his upbringing in the London of Daniel Mendoza, the Jewish boxer.

Keats was also a close friend of Pearce Egan, author of "Boxiana" and first true reporter of the sports of the "Fancy" (the term "Sports Fan" is derived from this word which covered all people connected with or interested in the sports of the day). In passing, it could be mentioned that Egan was the originator of "Tom and Jerry" who were the popular characters in his book "Life in London". The book became a top seller in America and the local "gadabouts" were nicknamed "Tom and Jerrry". They were to be revived in later years as cartoon cat and mouse.

By 1872, prize fighting had fallen away as a popular sport in England, not just because it was made illegal, but because of the troubles with the rowdies and gangs who attended all the fights at that time.

Since the Marquis of Queensberry rules, which were drawn up in 1867, boxing with "mufflers" or gloves became popular with amateurs and it was not long before the public schools were encouraging this form of pugilism amongst the pupils.

"Let Boxing be the Briton's Pride,
The Science of our Schools".

It was part of an educational system which encouraged leadership, manliness and courage and it is said that at Eton the boys contested while wearing top hats.

Thus the feeling for boxing was brought to Guy's and the Club was founded for the practice of what Plutarch called the most ancient of the three gymnic games, wrestling and running being the other two.

In 1872 on the 1st October, a second-year student, one Thomas Cattell Jones, first issued the Guy's Hospital Gazette, priced 2d, which is now the oldest existing students' magazine. The second issue, dated 5th October, contained a letter from "A Student" requesting a gymnasium . . . "for practice for those men who will contend in future sports, that is if we would maintain our position as Champion Hospital".

A letter dated 9th December, from "Carpus" stated that he felt surprised that fencing and singlesticks were not practised by medical students "These might be kept in the injecting rooms or some suitable place where students might have steady access to them and enjoy a quarter of an hour's sharp practise after a lecture or a hard read. I should imagine the common practice of singlestick would tend to produce a splendid tooth extractor".

On Saturday, 25th January, 1873 the *Gazette* announced that the suggestions had been acted upon and a "Fencing and Boxing Club has been started, of which Mr. B. Jumeaux is acting treasurer and secretary. The subscription is 2/6d. Fencing foils and masks, singlesticks and boxing gloves are provided and

'The faithful culture of the Fistic Art' which
'From mawkish softness keeps the Briton's Heart'

is making its way amongst the Guyites".

At the first meeting of the Club, held on Wednesday, 29th January, 1873, there were thirty people present and Mr. W. C. James took the Chair. Mr. Jumeaux announced that seventy men had given their names and a committee of eight was formed. It may be said here that this man had an all-round interest in sport, being active at Rugby and Cricket as well.

The first committee of the Club was composed of Messrs. Bain, Cock, Taylor, Dunlop, James, Johnson, Mutch and Stephens.

Another meeting was held on 31st, with Mr. Taylor in the Chair. I presume this is the Sir Frederick Taylor who became Dean of Medical School in the following year. Nine basic rules of the Club

were approved, but there were some objections to the subscription being raised in a matter of days from 2/6d to 5/-. Jumeaux explained that it was not realised at the time that the estimated costs would be so much. Messrs. Barlow and Cattell Jones were elected as auditors and the creation of the Club was complete.

However, there is evidence that an unrecognised Club did exist as far back as 1859. In an obituary notice of E. Reynolds Ray in a *Gazette* of 1921, the writer states "As a student he did his share of boxing in the little quadrangle outside the old dissecting room, knocking out the bully of the day . . . Moxon has told me about these bouts with the gloves in which he also participated". Reynolds Ray was a close friend of Charles Higgins, that amazing man of whom I will write later.

In 1874 a new Committee under the presidency of Walter C. James was formed. The members were E. Duke, T. C. Barlow, Maylard, T. C. Stephens and A. C. Lacey. They discussed the possibility of obtaining rooms for the Club as, at that moment, they had to do their boxing in the open air and were dependent on the weather. The rent of £75 for premises was found to be too much and so they postponed any decision until the following year.

These premises were never obtained, but there is evidence that a ward in Hunt's House was used as a Gymnasium. Alfred Allport, in a letter to the *Gazette* in 1920, writing of his early days at Guy's, states that "one of the back wards was given us as a gymnasium and there we got some gloves and started knocking each other about. We then engaged 'Professor' Bill Natty, who kept a boxing saloon in the Boro' to come and teach us, and we got a useful team together".

Between this time and the opening of the Gymnasium, 16 years later, there is very little of interest to be found regarding the Club, but some were concerned regarding the lack of exercise taken by most students for an editorial in the November *Gazette* 1875 states that "The value of Physical Exercise is not sufficiently recognised among many of the students of this hospital . . . The ambition of every man should be to cultivate his physical as well as mental qualifications, and whilst losing no opportunity of gaining knowledge. he should at the same time remember that he is possessed of a body as well as a mind". It is significant that this theme keeps on cropping up over the century and it is incomprehensible that authority, no matter how high, has never understood its relevance to life in general.

In the same year that General Custer was having his "last stand" against Sitting Bull at the Little Big Horn, the Medical School was having its problems with the organisers of the *Gazette*. (After various difficulties, better explained in the Centenary Edition, a new series was started in 1876, priced 6d.) Since 1867, there had been "Amateur" boxing championships at three weights—Light, Middle and Heavy, under the Marquis of Queensberry Rules, but there was widespread discontent with the conduct of these championships and some of the leading London clubs resolved to form an association to make new rules and govern the sport. Guy's Boxing Club was not represented at the meeting to form the Amateur Boxing Association on 21st January, 1880, but for some peculiar reason, Thames Rowing Club

was. This indirectly involved the Hospital, because one of the outstanding members of that Club was Alfred Allport, who was also an exceptional Guy's boxer and Rugby footballer.

B. J. Angle represented Thames R.C. at this meeting and he, with another founder member J. H. Douglas, were to attend many tournaments held at Guy's in the years to come.

In those days the "Amateurs" governed what was left of the professional boxing, mostly under the authority of the National Sporting Club in Covent Garden. They ruled with an "iron glove" and J. H. Douglas and, later on, his son, J. W. H. T. Douglas, Olympic middleweight champion in 1908 and England Test Cricketer, refereed there on numerous occasions.

Although the amateur body controlled the boxing at Guy's there is no record of the Hospital being affiliated at that time, and so the Belsize Club has been mistakenly named as the oldest existing Amateur Club.

When in 1888 it was decided to increase the number of house surgeons and dressers, accommodation was short, and so a residential college was designed to be built on the site of the old Maze Pond Chapel. Besides the quarters for the students there were social rooms and a restaurant. The money was raised by debentures, and the Prime Minister, Mr. W. E. Gladstone, a senior Governor of the hospital, opened the premises in March, 1890, the year after the foundation of the Dental School.

There was a basement to the college and this was extended into the quadrangle in order that a gymnasium could be built to "discourage students from the billiards and card tables". Dr. F. W. Pavy, the Physiologist, gave a generous donation for its construction and equipment.

The opening, in the first week in October, 1890, was a big occasion. Those accompanying Dr. Pavy were Mr. Durham, who took the Chair, the Treasurer to the hospital, Mr. E. Lushington, the Dean and Warden to the new College, Dr. E. Cooper Perry, Dr Newton Pitt the Pathologist, Dr. L. E. Shaw, who later became Dean to the Medical School, Mr. H. Howse, Mr. C. Lucas, Mr. A. Allport, who was captain of the Club, and Mr. W. Bligh, the Hon. Secretary.

Correspondence from Dr. Allport, written many years later, recalls " . . . Then the College and Gymnasium were built and we moved over there and had a roped ring. Competitions were held at the opening of the gymnasium to which most of the staff came. How well I remember Arthur Durham, the Consulting Surgeon to the hospital, making a speech to thank Dr. Pavy for the magnificent gift of the gymnasium, in course of which he began to take off his coat and said 'Come on Pavy, I challenge you to three rounds'."

Allport, in requesting from Dr. Pavy that he present the secretary with the key of the building, mentioned that "although there is a great deal of prejudice against boxing on account of the rag-tag and bobtail hanging to the skirts of the boxing world, I can assure you that if it were done away with, that bobtail would only hang on the skirts of some other world, and boxing has ranked among

its devotees nobility and statesmen, and not only so, but poets and authors too, indeed I was told by a boxing authority the other day that Byron was a prize fighter 'chucked away'."

In his speech Dr. Pavy spoke on the Physiology of bodily health and the importance of physical fitness. The gymnasium was for the use of the Boxing, Fencing and Gymnastics Club, and Mr. Bligh announced that now it was opened, a Mr. Nesbitt would hold classes on Tuesdays and Fridays, himself Mondays and Thursdays, and a Boxing Instructor, Ted White, would be present on Wednesdays.

It may be of interest that Dr. Allport wrote that a Professor, Andy Newton, who was A.B.A. lightweight champion in 1888, was also instructor during these formative years.

His son, who still instructs and seconds amateurs, lost both eyes when he was a young man. He would give exhibitions of boxing on the stage of music halls as well as demonstrate his unusual prowess with the speed ball. When the audience would shout "Fake" in disbelief at his sightless ability, he would complete his act by removing both glass eyes and hold them out to the audience. His sister also boxed regularly up and down the country against members of her own sex, although it was said that she could hold her own with male pugilists as well.

The February *Gazette*, 1891, announced that competitions in Boxing and Gymnastics would take place in March and entries were to be handed to the secretary. The weights to be boxed would be—under 10 stone, between 10 stone and 11 stone 4 lbs., and over 11 stone 4 lbs. The trials took place in the gymnasium in the presence of Dr. Pavy after a display of gymnastics.

It seems peculiar that although the A.B.A. had been then in existence for over ten years, the three weights used were still the Marquis of Queensberry weights of Light, Middle and Heavy.

It is also interesting to note that two of the three judges used for the contests were B. J. Angle and J. H. Douglas, founder members of the A.B.A. Three years previously Mr. Angle had refereed the last bare knuckle world championship, involving an Englishman, at Chantilly, between Charlie Mitchell and John L. Sullivan, of America.

The results of this first competition were—Lightweight: A. Roberts beat H. G. (Baby) Steele. It is possible that Steele was the grandson of the Superintendent. Middle: D. A. W. Martin beat F. M. Russell in a very close contest in which a deciding fourth round was called for by the referee. Heavy: A. Allport beat A. E. Tressider.

From then on the gymnasium was a success and became "one of the most vigorously flourishing of our institutions". There were numerous students' organisations in the hospital by this time, and in September, 1891, the Guy's Hospital Clubs' Union was formed with an annual subscription of £2-2-0. In March, 1892, the annual events took place in a crowded gymnasium. This time there were so many entries they had to be boxed off on two days. In the finals, E. Morgan beat J. W. Eyres, Feather, a new weight group. D. Martin beat P. Tressider, Light: M. Tressider beat E. Scot, Heavy.

Jem Knowles and Jem Bond, old bare knuckles fighters, demonstrated their skills after the competition. Allport and Ted White also boxed an exhibition. It seems that the former was a very humorous character " . . . and always seems to bring forth laughter when he is speaking or boxing".

Alfred Allport was, in fact, one of the greatest all-round sportsmen Guy's Hospital ever had. He captained the Rugby side during seasons 1888-1889 and 1889-1890 and represented England on five occasions between 1892 and 1894. As mentioned before, he rowed for Thames and was in the boat for the Grand Challenge Cup at Henley. He was a Heavyweight boxer and Captain of Guy's. He entered Open Competitions held at other clubs and won those of the Orion B.C. and the German Gymnasium which were of the highest class. On entering the A.B.A. championships in 1894 he went through only to be beaten by Horace King, the champion of that year.

The Annual Competition of 1893 was somewhat altered in that the entry was restricted to raw novices, which meant an increase in the numbers. Because of the packed houses in the past, it was decided to charge 1/- and this considerably decreased the usual audience. However, the French football team was visiting England and they accepted an invitation to attend. Their opinion was that they preferred to be onlookers at the thoroughly English pastime of "La Boxe". Why this sport should be of the feminine gender escapes the writer. "Prof" Bill Natty and Swaiger Spencer seconded the participants and Allport acted as Timekeeper.

The first Inter-Hospitals Championship competition was suggested by Guy's and it was held on 8th March. 1893, at the Hall, Store Street, Tottenham Court Road, with entries from Guy's, St. Bartholomews, St. George's, London, Middlesex, St. Thomas' and University College Hospitals.

The weights boxed were the same as those recognised by the A.B.A., who had increased the number to five.

Amongst the large Guy's contingent of spectators were Mr. C. Lucas, Alfred D. Fripp (who later became Surgeon to the Hospital, Surgeon-in-Ordinary to King Edward and K.C.V.O.), and Charles Higgins a great character who boxed at the Hospital in the 1860s before the club was founded.

Guy's won four out of the five weights. The winners being, W. Price, L. Reynolds ("who won more owing to straight left than to sterling pluck, in which he showed himself deficient"), M. Tressider and A. Allport. The one loser was D. Martin.

During the A.G.M. of the Pavy Gymnasium that year, a discussion was postponed regarding the continued use of singlesticks at the Club. Here was a dying sport, but the Club was prepared to give it a chance to come back if there was any likelihood of an increase of interest.

The Gymnasium was the centre of a novel experience in 1895 when it was decided to hold a Ladies' Night and perform an Assault at Arms. This consisted of gymnastic displays, which included exer-

cises on the horizontal bars and use of dumbells. There were demonstrations in singlesticks, bayonet, sword and boxing, with fencing completing the show. Among those attending were Dr. Pavy, Dr. Shaw (the Dean) and Mrs. Shaw, and Sisters Dorcas, Martha and Clinical Outpatients. Tea and coffee were served in the interval and everybody seemed to enjoy this new idea. In fact, it became so popular that it was to become an annual event with some startling exhibitions to be included.

With hindsight, one can see that this was a good move, for the standard of Boxing was deteriorating and it was not until after the 1914-1918 war and the arrival of Alf Hewitt as coach that Guy's really came back to its top position in this sport. There were some very good individuals, but no strength in depth.

There were so few entries in the 1895 I.H. Championships that it is not recorded whether they ever took place. In the following year Guy's did not have one winner, and the secretary W. Austen Powell, wrote to the *Gazette* mentioning the disgrace of only twelve people attending which included competitors, officials and five supporters.

The Gymnasium Competition was reasonably successful with Chatelaine, Camps and Greenfield winning their Novice Contests and Cogan and Kinsey Morgan winning the Open Contests.

1897 was marked by the opening, on 26th May, of the Physiology Department of the Medical School by H.R.H. The Prince of Wales, who was also President of the Hospital.

Comment was made in the *Gazette* of the brilliant and striking academic dress worn by the distinguished guests (Gowns and Hoods supplied by Messrs. Ede & Son of Chancery Lane)—combinations of Crimson and white satin. Scarlets, magentas and purples were mixed up to a startling effect and all set off by the Beefeater hats of the Cambridge doctors.

After opening the new department, the Prince moved over to the Addison Ward and re-named it Queen Victoria Ward. Before leaving, His Royal Highness appeared to appreciate the "strings" on the nurses' caps, and their new uniforms.

The seventh Annual Boxing Competition was held that year in front of a very poor attendance. Dr. Pavy saw Kinsey-Morgan beat Mossop and H. Pern beat Stoehr.

There did not appear to be any need for a full-time boxing instructor and so Staff Sergeant Young, who instructed in fencing and gymnastics, took on this duty as well.

These were lean times and new entries were encouraged to "put the Hospital's name once more at the front as Champion Hospital".

The boxing standard was so poor that there were no entries for the I.H. Championships which were not again revived until 1904.

It could be, of course, that the students were joining the throngs at the Music Hall where Marie Lloyd and Dan Leno were at their height in popularity. It may be that they were spending their time at the races, laying their shirts on Sceptre who, in 1901, won the 1,000 and 2,000 guineas as well as the St. Leger. The new hour glass look of the Gibson Girls was the vogue and maybe the lads were enchanted.

However, when E. P. Minett became secretary he started the Club on the long road back to the top.

First of all he obtained the services of "Professor" Moss as instructor to the Club and encouraged a large entry for the competitions at the Assault at Arms.

Dr. Pavy and Dr. Allport were among a large audience which saw a good show from boxers of little or no experience and a tendency to box with open gloves.

The results of the finals were:—

Heavy: C. E. M. Jones won over Earle.

Middle: Green won over T.E.A. Carr.

Light: Gaskins won over R. S. Morgan.

Feather: H. Russell walkover in final.

In December of that year Minett entered into correspondence with other hospitals and, with their agreement, invited them to attend a meeting at the Pavy Gymnasium to arrange the start of Inter-Hospital Assaults at Arms to include Boxing, Fencing and Gymnastics. A committee was formed with three from each hospital. Guy's being represented by Messrs. Morgan, Reader and Minett. An annual subscription from each hospital of £1-1-0 with a further donation of £3 for a Challenge Trophy was agreed to. There was a trophy for Boxing already which was at that time held by University College Hospital. Each Club would enter a team of four boxers, two singlestick fighters, two fencers and two gymnasts. The points scored would be three for a winner and two for a loser. The winning hospital to take the Challenge Cup, but the Boxing Cup was to be won separately.

The first tournament under the new rules took place at a neutral venue, the German Gymnasium at King's Cross, on 26th February, 1904.

Optimistically the Guy's side thought that their boxing team was strong enough to ensure that they would walk away with both cups. In fact there was only one trophy as U.C.H. disclaimed any knowledge of the one they had won 10 years previously and so a new cup had to be bought.

The result of the Tournament was very disappointing for Guy's as they did not win one final. Mills obtained three points for winning once in the singlesticks pool and the team came second in the gymnastics.

H. Russell, H. Perkins, T. E. A. Carr and C. E. M. Jones boxed for the hospital.

The following year showed a vast improvement with Guy's winning the singlesticks, and two of the four boxers who got into the finals, winning the championships.

The result was a draw between Guy's and London, each holding the cup for six months. Marks, E. Barnett, H. Perkins and Hogarth boxed.

The 1972 Dental Party

The Play again provided the centrepiece for this year's Dental Party held in the East Wing on 19th December. Although the stage was admirably constructed by Tony Edwards and well lit by Mike Roberts, some members of the capacity audience again had trouble getting a satisfactory view; but it is difficult to think of an alternative venue which would preserve the essentially informal atmosphere.

The excuse for the annual mystery tour of the Dental School was on this occasion provided by a Man from the Ministry, with some cash to spend, trying to decide which Department was most deserving. There was the usual light-hearted needling of lightly disguised members of staff, but fortunately, Professor Emslie had not thought it necessary to deprive us of our fun by "McWhirtering" the show at the eleventh hour.

Kevin Moseley opened the proceedings and throughout the performance seemed an authentically mischievious master of ceremonies. Professors Swan Emslie (Graham Brown) and Flanders Tully (Dave Arnold) sang the first song setting a high standard, maintained by the subsequent vocalists. Mannerisms now all the more easily recognised, were ably exploited by Geoff Bernays (Mr. Macfargone), Malcolm Borsberry (Professor Speel) and Geoff Newman (Mr. O'Riskall). Professor Poe, perennially portrayed by Ian McKenzie was as well received as ever, but the laurels for authenticity must surely go to Richard Wood (Mr. Great-Day), who, it is rumoured, managed to park his car in the Guy's forecourt.

A Dental School grievance, the Sandwich Bar ban, was cleverly aired by Graham Brown in his Ode which ended truculently:—

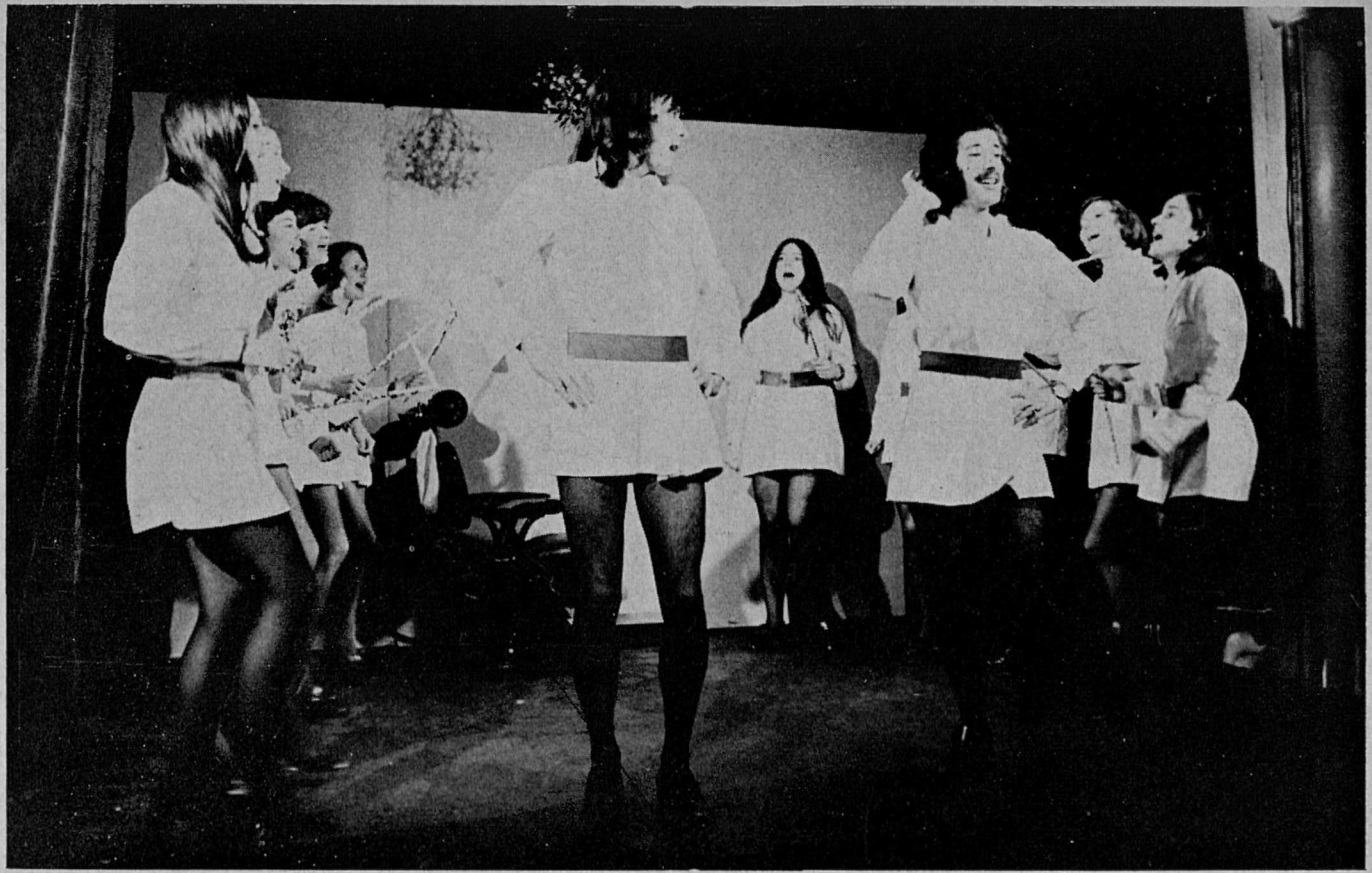
> Though calling all before me cry
> To arms, do not let it pass you by!
> Go! drink! Eat your rolls! Defy them!
> For England, Ronny and Sir Guy.

The musical accompaniment provided by Yan Zukowski and Andy Watts was the most effective yet and did much to aid the continuity of the show as did the efforts of the joint scriptwriters and producers, Graham Brown and Geoff Newman.

In recent years, there has been a much greater student participation in the Play and on this occasion a cast of over 30 included only four current House Surgeons. It is certain that the House Surgeons will not accept the proposition that improved quality is inversely proportional to their representation and it is hoped that next year they will take steps to prove this inference without foundation!

In short, the slickest production yet, with the songs more witty than the dialogue. Those who missed the Party will have an opportunity to see a videotape recording on Clinical Day, 3rd March.

D.H.G.



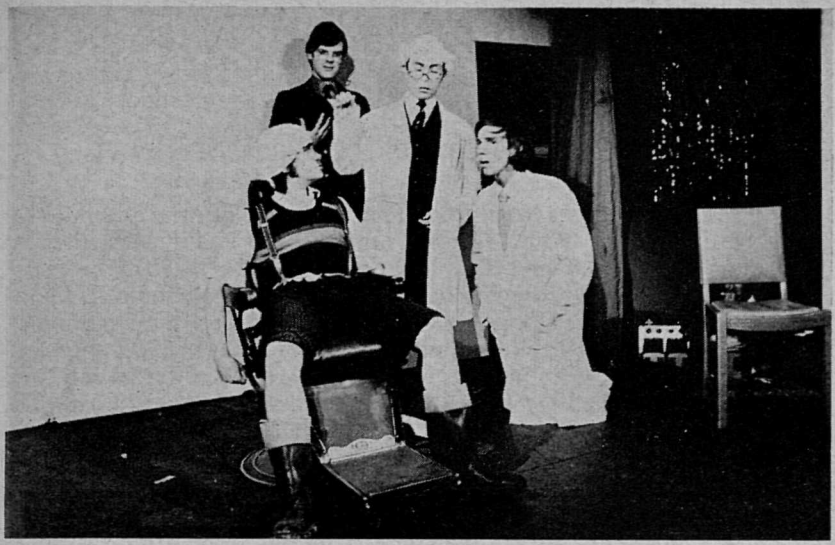
Fibrelight Franny — Queen of the Dental School.

The Review

CAST IN ORDER OF APPEARANCE:—

Master of Ceremonies	Kevin Mosley
Man from the Ministry	P. Stevenson-Moore
Professor Swan Emslie	G. Brown
Professor Flanders Tulley	D. Arnold
Student	J. Davis
John Pox	E. Harland
Tony Been	G. Moulding
Mr. Pain	S. Turner
Dr. Bunny	R. Barker
Mr. O'Riskall	G. Newman
Professor Scaler	I. Bamford
Mr. Macfargone	G. Bernays
F. Rashley	G. Newman
Mr. Josniffs	S. Turner
Mrs. Flipps	J. Turnpenny
Professor Speel	M. Borsberry
Aden Spewit	D. Arnold
Mrs. Jaffer	T. Bannerman
Lorry Euphorskin	D. Cottam
Ray Tweed	D. Barker
Sister	C. Clark
Mr. Broadbeltup	N. Williams
N. Tomthumb	D. Thompson
Dick Bentknees	I. Bamford
Professor Poe	I. MacKenzie
Patient with crown	G. Brown
R. B. J.	G. Hall
Second student	R. Barker
Nurse	Nurse
Professor Forceon	J. Ah-Noye
Don Bibb	M. Shaller
Mr. Great-Day	R. Wood
Peter Cave	A. Holland
Mr. Menzie	M. Roberts
Mr. Tomthumb Sr.	D. Thompson
Mr. Fingle	A. Holland

Piano	Yan Zukowski
Guitar	A. Watts
Lights	M. Roberts
Stage Manager	A. Edwards
Songs	G. Brown
Script	G. Brown and G. Newman
Producer	G. Brown and G. Newman



Mr. Pain, The Man from the Ministry, Mr. Menzie and Mr. Tomthumb

Mr. Broadbeltup, Mr. Bibb, Prof. Forceon, Man from Ministry, Mrs. Flipps, Mr. Great-Day.

On a Certain Kind of Place in Hong Kong

R. Bowering (Clinical Medical Student)

I took the ferry across from Kowloon to Victoria and was at the "Star" ferry at 8.50 a.m. The sun was out and it was already becoming humid and hot. People were moving to and fro in every direction just as they do every day in Hong Kong—seeming to know where they are going. Hong Kong is a metropolis of 4 million people. It is a bustling, hot, dirty place but an amazingly diverse and interesting one. I had a few minutes to wait and so I looked across into the harbour and watched some locals skilfully manoeuvre a sampan and fish out some nearby rubbish. A full-scale cleaning up (litter) campaign had recently come into being and people were trying to make a concerted effort to keep Hong Kong tidy. An almost impossible task I was later to be told.

The Chinese are always punctual. A minute or so after 9 o'clock I was shaking hands with the Public Relations Offices of S.A.R.D.A. (the Society for the Aid and Rehabilitation of Drug Addicts). A taxi took us along an almost straight road linking Queen's Road Central to Causeway Bay. Now the area was quiet, few people roamed the streets. At night, or even early evening, Wanchai is packed. There were no neon lights advertising Topless Bars or Girlie Clubs or Ballrooms. There were no gangs of youngsters looking tough or dolled up young girls—let alone horn blowing or cat whistles. We turned off the main road into a road just wide enough for the car to pass. It could have been any road in this less respectable part of Hong Kong. One side was lined with street merchants and hawkers selling their wares, beautifully displayed to tempt any passer-by. The car came to a halt and we emerged outside what looked like just another concrete block of offices. A shabby lift whisked us up to the 12th floor. We went through a couple of doors which said S.A.R.D.A. on them and then I had the pleasure of meeting the Doctor in charge of the centre.

This man was devoted to the treatment of drug addicts who had the good fortune to come his way. He filled me in on this rather more favourable "scene" and later showed me around the centre. The principal aim of the Society is to withdraw voluntary patients from their physical and psychological dependence on narcotic drugs. This is later followed by rehabilitation to make it possible for them to re-enter the community as productive citizens. The Society was formed in 1961 and the main rehabilitation centre is in fact, on the island of Shek Kwu Chan some 15 miles southwest of Hong Kong island. This place in Wanchai is in fact a pilot centre for the treatment of women addicts with a capacity of 30, five in the withdrawal ward and 25 in the rehabilitation ward. Following withdrawal of their physical dependence, the women patients do various types of occupational therapy. Each morning the patients do exercises

(so characteristic of Chinese life) on the roof top and about once a week they are taken on supervised outings to the beaches, the Peak or a picnic in the countryside.

An applicant or referee's suitability for admission, his family situation and psycho-social problems are studied and identified by the intake worker through interviews and home visits. A patient can also be recommended to receive daily administration of methadone as prescribed by the Medical Officer under the Pre-admission Methadone Stabilisation Programme while waiting for admission to Shek Kwu Chan, thus helping him to avoid being exploited by traffickers or driven by financial difficulties into criminal activities. To go hand-in-hand with this programme are the daily urine test and social service offered to the patient and his family. Each patient after withdrawal treatment goes through three stages of rehabilitation. The first is aimed to free him/her from previously established attitudes and values, the second stage is to stimulate positive change towards a new set of values and patterns of behaviour, and the third stage is to stabilise the individual on his/her level of functioning and to formulate aftercare plans involving his/her family.

Ever since the Ching Dynasty and the Opium War, Hong Kong has been the main centre for opium trade. Although opiates were declared as dangerous drugs when Hong Kong was liberated in 1945, the Government neglected to set up effective measures of control and treatment. Those who were depending on licensed sources of supply simply switched to illicit sources. Geographically Hong Kong is the ideal trans-shipment station for the whole of S.E. Asia. Lines of surface and air communication linking the traditional area of opium supply and exports with markets for heroin consumption rimming the Pacific Ocean to the East, all converge on to this free port of Hong Kong.

Heroin is the major drug of abuse in Hong Kong. It has been estimated that there are approximately 100,000 narcotic users i.e. roughly 1 in 40 of the population. The smuggling can never be wholly stopped in view of the interference with normal traffic, but as officials say "we can only ride on their backs". The problem is a grave one but although the rehabilitation capacity in Hong Kong is only around 3,000 persons a year, centres like S.A.R.D.A. are not losing the battle. A complete abstinence rate of 30 per cent leaves a lot to be desired but S.A.R.D.A. is more determined than ever. The service rendered to any patient is never completely wasted because every drug-free day, including the time he/she spent in the treatment centre, contributes something to the individual and his/her family life and helps to prevent or reduce crime in the community.

NURSING

The Nurse's Function

A programme was recently broadcast on the radio, which was of great interest to both doctors and nurses. The subject chosen, was the somewhat controversial matter of giving information to the

relatives of sick people. The producers, had enlisted the services of a mother who had given birth to an abnormal child, and they asked her to relate her experiences during the period immediately following. This she did, quite dispassionately, and it seems, with very little bitterness. However, her account was sufficient to make any nurse who was listening feel most uncomfortable, for her story did nothing to improve the image of the profession. It would of course, be possible for nurses to reject the details described by this mother, and say that the appalling way in which she was handled would not happen nowadays. Unfortunately though, this is not possible, since the events occurred less than one year ago, and are therefore very much part of our time.

There are of course, frequent problems about how much information should be given to relatives, according to how much they are able to assimilate. However, the time has come when nurses have to accept that they are very much involved in this, and cannot pass the entire responsibility on to the medical staff.

If nurses wish to be considered responsible professional people, they must be prepared to undertake the tasks entailed thereby. Because the telling of facts to relatives may frequently be unpleasant for both parties, nurses cannot be absolved from their share of the duty. They have to learn to work in co-operation with the medical staff, and not to pass the whole situation over by telling patients and their relatives that the doctor will see them at some indeterminate time in the future, or, worse still, say nothing at all, and avoid all contact with the worried people, as happened to the mother in the radio broadcast.

It is a fact that an astute and experienced ward sister, can and will, be aware of patients who are worried, and thus pass this information to the medical staff. In addition to this, patients do sometimes actually prefer to discuss their fears with the sister or staff nurse, but little help will be given to these people, if the opportunity for which they so much wish, is denied them, by the refusal of the nursing staff, not only to talk, but to even approach the bedside. It is surely only common sense, that the nursing and medical staff should formulate a plan between them, when such a task has to be undertaken. This does of course involve all the medical staff concerned with an individual patient, since the housemen are frequently, very inexperienced and in need of assistance.

It certainly seems that the time has come for nurses to reconsider their responsibilities. There can be no therapeutic value in keeping a newly delivered mother waiting and worrying for many hours, just because a doctor is unavoidably detained. How many times a year must this be happening, purely because nurses are in fact dilatory about their duties. This is not the way in which to establish the profession, in the true sense of the word. If nurses wish to enjoy this status, they must be prepared to accept the attached responsibilities. They are after all crying out for the abolition of non-nursing duties, and greater recognition. What do they wish in replacement?

DENTAL SOCIETY—NEWS IN BRIEF

To quote his own words, Mr. R. C. Paterson's lecture to the society was "neither too serious nor too verbose", and "Christmas with the Rats" proved to be a valuable insight into his work on pulp capping. Using germ-free rats in a fibre-glass isolator, he has studied pulpal response in relation to physical factors during exposure, bacterial contamination of the exposure and the materials and technique of pulp capping. He quoted one ancient remedy (Hunter, 1883) for this:

Rx: Sergum Molassum ..... 1 pint
Droppum English Sparrow ..... 1 pound

Sig: Mix to stiff plastic mass and apply

(Not impossible with the Conservation Room in its present state).

Mr. C. H. Butcher's lecture on "Practical Aspects of the Law of Negligence" came as a sobering influence at the beginning of the year, showing from his legal work in the medical and dental professions how easily one can be sued against the law of negligence. Just a few examples of "bits left in" (e.g. broken reamers, retained roots) . . . "bits taken out . . . " (e.g. wrong or too many extractions) and mixed-up notes were sufficient to remind us of the need to have an organisation to fall back on.

Future lectures to remember:

Tuesday 6th February — "The British Dental Association" by Mr. R. L. MacLean.

Tuesday 20th February — "How to make friends and influence people — a preventive philosophy" by Mr. G. L. M. Williams.

The Annual Clinical Day will be held on Saturday, 3rd March. Tickets for the Dental Dinner (Park Lane Hotel — that evening) are now available from the Dinner Secretary — Miss G. O'Connor, and the Assistant Dinner Secretary — Miss F. Marsh.

Margaret Hooley,
Hon. Secretary,
Dental Society.

NOTICE

Guy's Hospital Theatre Club will perform THE NATIONAL HEALTH, by Peter Nichols, during the week of 19th March.

Auditions will be held in the Physiology Lecture Theatre from 5.30 p.m. onwards on Tuesday, 30th January. You are encouraged to participate in this important and very entertaining comment on the conduct of medical affairs.

M. S. Rose,
Director.

CORRESPONDENCE

Rose Ball

SIR,—This year's Rose Ball, having moved from The Savoy to The Dorchester in an attempt to improve last year's standard of food and entertainment, is still not the complete success it should be.

First I wonder what the organising committee propose to do by way of compensation for their contravention of the Trade Description Act? I refer of course to the "all night Discotheque" printed on every ticket but which in fact ended at 2.30 a.m.! To this musical complaint I add another. During dinner we had to suffer the playing of an electronic organ reminiscent of Fine Fare on a Saturday afternoon, but serving only to make conversation across a table extremely difficult.

One of the most dampening factors of the whole evening was the price of drink. Obviously no one but a fool expects to go to a Rose Ball for a cheap evening out but is it necessary to choose a hotel where drinks cost about 50 per cent above average West End restaurant prices? The cheapest "plonk" at £1.80 a bottle and gin and tonic at 40p (single) is prohibitive for this type of function where plenty of good drink is as important, if not more so, than other trimmings. The most iniquitous thing though was a demand of 75p corkage on wine won from the tombola! I believe the Savoy were somewhat fairer than this in their drink pricing policy.

The advertised cabaret turned out to be a rather poor quality English belly dancer. The audience's interest noticeably waned when it became obvious that she wasn't even going to take her clothes off! Certainly her dancing wasn't worth much attention.

While appreciating the organisers desire to book a top hotel for reasons of prestige, I think it's time they found an establishment prepared to offer better value before too many people become disenchanted. It is the value for money (or lack of) which disturbs me rather than the total cost.

While admitting the somewhat negative content I hope the forgoing will at least stimulate comment from other Rose Ball patrons.

2, Concanon Road, DR. C. J. BENNETT.
London S.W.2.

Ethics and Medical Education

SIR,—I read with interest and some measure of agreement the Passim of 13th January, until I came to the final sentence of the section headed "The Alternative" which stated that "The nearest lawyer or theologian, like the nearest G.P. is probably the wrong one". As a General Practitioner of some twenty years standing I immediately felt acute resentment. To ensure that this was not too emotional a reaction, I finished the Passim and re-read it *in toto* at once and again an hour later. I still felt resentful on objective as well as subjective grounds.

I cannot speak for lawyers or theologians but as a General Practitioner I must stress that we are constantly, even daily, having to make positive moral, ethical—call them what you will—decisions involving many of the specialties combined (the obvious like the Pill for the young unmarried, the decision to recommend a termination of pregnancy, whom to tell of impending death as well as the more subtle decisions on co-operating with the Police, while protecting one's patient from his or her folly, marital counselling when one knows all the parties involved as members of one's Practice with the consequent difficulty of knowing whom to advise how and other like situations which frequently occur in General as opposed to Hospital Practice). Your "specialists who teach medicine" cannot be taking these decisions in so frequent and varied a manner nor do they have to live with the results of their decisions, be they right or wrong decisions in the long term, as do their colleagues in General Practice.

Sir, the nearest General Practitioner is probably the right one by the

laws of chance providing he has the welfare of "the whole man" of the patients in his practice at heart.

Kimbolton,
Huntingdon, PE18 0HD.

JOHN V. KILBY.

SIR,—Your leading article in Vol. 87 No. 2204 "Guy's Hospital Gazette" does seem to indicate that there may be such a thing as "Medical Ethics" or that "Medical Ethics" is a particular subject in itself such as is Mathematics or the English language. May it not be that it is this conception which is the basic cause of the diversity of views and opinions concerning such subjects as are mentioned in your first paragraph. No one would wish the teaching of Medical Ethics to be in the hands of any one group of society if for no other reason than that the answers to the problems raised are as diverse as the religions of the people directly concerned in the results of the decisions made.

A religion is a code of ethics, behaviour and thought, in fact a way of life to which a person is bound until such time as he wishes to change it. This should be one of the reasons why before submitting to an operation one is always asked to declare ones religion. Surely this question is asked not solely to determine under what rites and ceremonies the body shall be disposed but also which expert his medical attendants should ask to determine the answers to the ethical questions involved whilst the patient is still alive.

One gains the impression, perhaps wrongly, that the Medical Profession may like to conceive of themselves as authorities on the rights and wrongs of decisions of life and death. Granted that the processes are in their hands already for the execution of legalised murder and to let a man die is regarded by some as no different. On the other hand no medical man would live long enough to gain his qualifications were he expected also to be qualified in whatever religious ideas his patients may happen to follow. Also we must not be ruled by majority vote in this matter because that is absolute tyranny directed against the minority. Few people realise this point so large a part of their lives being determined in that way.

Unsolvable difficulties particularly with the unknown, unconscious emergency case are bound to arise. In these cases no sane person would decry the Medical man whatever he did so long as he did his best under the circumstances of his knowledge and ability no matter what arose subsequently to death.

It ought also to be remembered that Christianity and all its sectual diversities is by no means the only religion to be found in England today though ones parish magazine would lead one to think so. Agnosticism, Atheism and all so-called Eastern religions are just as much religions as any form of Theism.

My advice, for what it may or may not be worth, is to refer this matter to where it belongs in each case and not to invent a new department of knowledge called "Medical Ethics" which can be no more than a one-sided concensus of opinions and most unscientific because "Do unto others that which you would they should do unto you" is not held by any means by all religions. It is often held that though one knows what one would like oneself what is food for the goose is often poison for the gander.

Harcourt,
13, The Ridgeway,
Chatham,
Kent.

OSWALD B. BALEAN.

SIR.—I am not a person who makes a habit of writing to the *Gazette*. In fact this is the first time since I qualified in 1934.

In Passim dated 13th January, 1973, I read a paragraph on Ethics.

Of course, there is no teaching on moral problems, because such teaching would be useless.

Ethics are a matter of good manners and human understanding. It is sometimes said today: "Why don't the churches do more about the problems that arise". The role of the church is to produce good people with right feeling who will apply goodness and right thinking to the world's problems. I am not an active churchman, but I feel the above to be true.

Ethics cannot be taught. They arise from one's own good manners and right thinking. I remember doing a ward round with Bobby Rowland. A poor woman in one of the beds, confronted with yet another operation, wept bitterly. We all passed on to another bed. Looking round to see where Bobby was, we noticed that he had gone back to this lady. He took her handkerchief from her pillow, wiped her eyes, tapped her on the shoulder and said: "You will be alright dear".

Good manners, courtesy and human warmth.

Please do not ask to be taught something which if you have the right upbringing should be second nature to you. Deal with all your patients who are distressed or old and infirm as though they were members of your own family.

Above all have good manners and be kind, that is all you need.

"Hillcrest", 1, Southend Road, DR. P. G. C. JONES.
Hockley, Essex.

Shelter

SIR,—May I use your columns to publicise a lunch in aid of the Shelter organisation, which will be held on Tuesday, 30th January, in the North Lounge of the East Wing.

Coffee, rolls and other refreshments will be on sale at very reasonable prices from 12.30—2 p.m. All takings (not just profits) will be sent to Shelter.

It would be tremendous if as many people as possible from all sections of the hospital could support this venture.

East Wing, Guy's Hospital. PETER MURDOCH.

59 Club's Annual Dinner

SIR,—The 14th Annual Dinner of the 59 Club, will be held at the London Embassy Hotel, Bayswater W.2. on Saturday 3rd March, 1973, at 7.30 p.m., for 8.00 p.m.

I have tried to contact all members of the Club, though with moving, addresses are not always up-to-date.

If any member would like to attend the dinner, and has not received a letter, would he please contact me.

Greyfriars, 95, Old Road East, DR. J. C. OAKLEY.
Gravesend, Kent, DA12 1NX.

General Medical Council

SIR,—"Grisly . . . absurd . . . superfluous . . .recidivist . . . imperious . . . tactless . . . incestuous". Michael Simpson's all embracing onslaught on the G.M.C. and anybody else within range is stirring stuff. But, though rich in adjectives, it seems to me sadly cheap in content, full of windy mudslinging, very short on evidence, and devoid of any constructive criticism.

I agree we don't want any sacred cows. If there is any reforming to be done, let's do it. But before we attack a body that seems to do a useful and essential job, guided in the main by sensible and experienced doctors of integrity, let's be careful we don't just create bitterness, making ourselves slightly ridiculous by having no clear idea of what we object to or why, and then finishing up with something no better (or perhaps worse) in its place.

Yours faithfully,

14, Colquhoun Drive, T. B. BREWIN.
Bearsden, Glasgow.

South Wales and Monmouthshire Guy's Hospital Society

SIR,—The twenty-second annual dinner of the Society will be held on Saturday 10th March, 1973, at the Park Hotel, Cardiff. Time: 7.00 for 7.45 p.m. All Guy's men and women are welcome as in former years. Tickets are £3.00 for the Dinner and 50p for annual membership. The President for 1973-74 will be Dr. George MacVicar and the principal guest from Guy's will be Mr. L. F. W. Salmon. It will facilitate arrangements if all those intending to be present would send their remittance payable to the Society by Wednesday, 7th March, 1973.

Woodlands, DR. ANTHONY THOMAS.
Cwrt-yr-ala Road, Cardiff, CF5 5QS. *Hon. Secretary.*

SPORT

RUGBY

Past XV v. Present XV

H.O.P. 7th January — Present 34, Past 15.

It was an auspicious gathering for which credit must go wholly to Dr. John Davies. Not only did he arrange the fixture but he also raised a Past team which (on paper at least) was quite formidable.

The game itself was a serious but enjoyable affair. A surprisingly large band of spectators gained an exciting and entertaining spectacle.

From the outset it was clear that neither side viewed the encounter as anything but a match to be convincingly won. The Present Guy's fifteen seemed a little overawed by the reputations of their opponents and began shakily. Both packs knew their tasks well and in the opening stages gained an equal share of possession. The Past side rucked with vigour and Thorburn or Brown were ever eager to set up attacks from the loose play. The Present side scored first when Allen leapt to make a high interception and then dived over. Hugh Burry was unfortunately obliged to leave with a leg injury and was replaced by Kingdon. Play flowed from one end to the other and Hartley for the Past side equalised after picking up from the tail of a ruck. John Davies was usually in the thick of things but had little opportunity to sell one of his famous dummies.

As the game progressed the Present side seemed less daunted and threw themselves into the game with more vigour. Although lighter, they were probably fitter and achieved increasing possession from the loose play. They also had a clear advantage in the line-out where Hagan and Stuart excelled.

There was some superb running and handling by the Guy's forwards and Allen achieved a second try. Rigg also scored twice, his first try being an outstanding example of determined running. Other tries for the Present side were scored by Holliday and Ross. The latter, well qualified to play in either side, made two delightful breaks, one of which saw him careering down the touchline where Carter Croft bravely tried to intervene only to be left sitting and rubbing his chin as Ross placed the ball beneath the posts.

The Past side slowed perceptibly in the closing stages but were always a threat. Swift had some difficulty in setting his backs in motion because the Guy's forwards all too frequently enveloped him while he was still in possession. Some brave tackling particularly by Chiddy thwarted several likely scores by the Past side and on one occasion Novak was bowled over by Chiddy when a try seemed inevitable. Further tries by the Past side were scored by Rowlands and Lewis. Novak kicked a single penalty but failed with two conversions. A third conversion attempt by Davies was roughly in the right direction. For the Present side Danford's kicking was exemplary and he succeeded with four conversions. Evans kicked a fifth.

In the changing room after the game a joyous afternoon was appropriately celebrated with champagne provided by the Past side. A generous flow of alcohol continued for some hours after as the evening assumed the style of a grand reunion.

It was a great opportunity for the rugby club to demonstrate to old friends that it remains in good heart. So successful an event was it that it is hoped to repeat the venture in future years and it was decided that a regular Past v. Present fixture be arranged on the Sunday following the first home international game of each season.

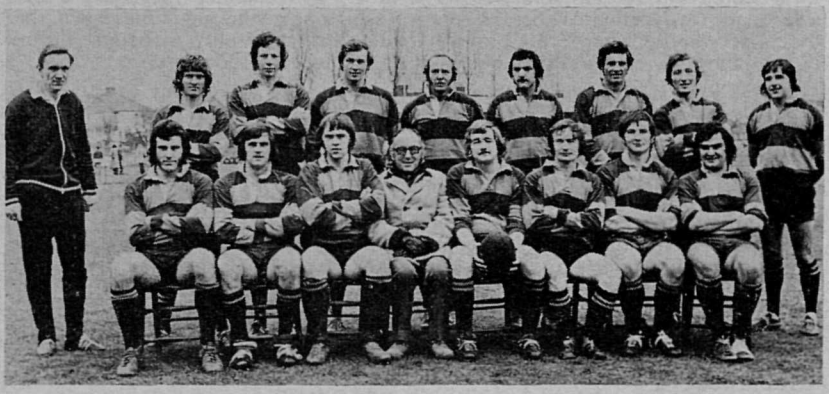
T. G.

Past XV, Top row, Left to right.

J. Stoneham, D. Hartley, M. Cockburn, A. Kingdon, C. Lewis, H. Burry, B. Rowlands, R. Brown.

Bottom row

J. Price, C. Thorburn, P. Williams, A. Fallowfield, J. Davies, J. Novak, P. Swift R. Carter Croft.



Present XV, Top row, Left to right.

M. Danford, B. Hagan, H. Holliday, H. Chiddy, T. Druett, R. Yetton, A. Cook, G. Owen.

Bottom row

N. Allen, J. Ross, S. Challacombe, Dr. D. Stafford Clark, G. Evans, T. Gibson, D. Stuart, K. Rigg.

Guy's vs. Plymouth Albion

H.O.P. 13th January. Won 17—12

Neither side could make much impression in the opening phase of the game. It was clear however, even at this stage, that Guy's were more constructive with possession gained. The first try came after Ross broke through a series of tackles and found himself with time and room to race up the wing, then place the ball beneath the posts. Danford converted.

This early fillip for Guy's produced just the right attacking mood to prevent Plymouth from settling into their stride. The Guy's forwards rucked well but in the scrums were hard pressed by the hefty Plymouth pack. The hospital gained some good possession from the line outs with Hagan excelling.

Guy's went further ahead when Danford kicked a penalty. Plymouth narrowed the margin when their full-back joined in the attack and strode past an over-extended Guy's defence. Play was taken immediately into the Plymouth half where it remained for most of the period remaining before the break. A speedily rucked ball was seized by Evans who slipped around the blind side to score Guy's second try.

After the interval Plymouth played more confident football and Guy's were hemmed in their own half for long periods. Some brave tackling prevented further tries but Plymouth kicked two penalties during this time.

Eventually, Guy's broke out and were once again attacking with verve. The result was settled when Yetton received the ball on the wing and chased a neat goal kick for the final try.

The final score was a heartening start to what marks the beginning of the Hospitals' Cup campaign. If Guy's can maintain their current performance there seems little reason why they should not regain this trophy. Dr. Hugh Burry is once again available to coach the side for this competition. A squad of players will be training hard over the ensuing months and their enthusiasm is reflected in the regular Sunday morning sessions which have already commenced.

T.G.

Team: M. Danford, R. Yetton, A. Cook, T. Druett, J. Ross, G. Owen, M. Phillips, B. Hagan, H. Holliday, N. Allen, S. Challacombe K. Rigg, D. Stuart, T. Gibson, G. Evans.

SQUASH

University of London Squash League

First half of the 1972/3 Season

The chief failing of the League results has been in the administration, but by no real fault of individuals. The club is in the hands of people who have not had experience in the selection of teams required to be fractionally better than the opposition . . . and this is a very difficult task in view of the widely varying opposition in the League, as any of the players will tell you.

The readiness of people to play has been very good and really was only marred by one instance.

A number of players have been incorporated into the club whom we did not have last year. Peter Blake and David Nutt have been especially co-operative; they both are new to Guy's having done their Preclinical Training elsewhere. Tony Sutherland and Tony Addison have returned to Guy's and will be additional strengthening to the Cumberland Cup Team, as well as enabling stronger League sides to be put out.

And so to the results. Chris Mackenzie lost only twice having played in all the matches except one and he also played at first string on most occasions so this is no mean feat. The records of the other players in the

first team were mediocre except that Robert Kirschen lost narrowly in the fifth on more occasions than he would like to recall.

There was a large pool of players to choose from in the second team. Phil Boyce did not lose any games and Peter Blake lost only one and they were probably the most regular players—it was a pity that Chris Gilbert could play regularly only in the first half of the season as the onslaught of Finals prevented him near Christmas. Thanks to Peter Chittenden, John Burniston and Richard von Witt for playing so readily, usually at short notice!

To all Squash players, whether in teams or not, a good 1973 and PLEASE READ THE COURT BOOKING RULES and, naturally, comply with them.

MATCH RESULTS

First league division		Third league division	
v. University College 1	Lost 0—4	v. London Grad. Bus. Sch.	Lost 1—3
v. King's College Hosp. 1	Won 3—1	v. King's College Hosp. 2	Won 4—0
v. St. Mary's Hosp.	Won 4—0	v. Westfield College	Lost 0—4
v. S.I.B.S. 1	Lost 1—3	v. S.I.B.S. 3	Won 3—1
v. University College X	Lost 1—3	v. Imperial Can. Res. Fund	Won 3—1
v. L.S.E. 1	Won 3—1	v. Royal Dental Hosp.	*Won 2—2
v. Middlesex Hosp. 1	*Lost 2—2	v. Imperial College 4	Lost w/o
v. Northern Polytechnic	Lost 0—4	v. Queen Elizabeth's College	Won w/o
v. Imperial College 1	Lost 0—4	v. University College 2	Postponed
*Lost on game count.		*Won on game count.	

Blues Committee

At the last meeting of the Blues Committee the following Blues were awarded.

	Full Blues	Half Blues
Sailing Club	P. Meakins	P. Lacey
	G. Barker	
	M. Bye	
Golf Club	R. Ibbotson	E. Bray
	P. Powell-Jackson	C. MacKenzie
Tennis Club		A. Coleman
Boxing Club	P. Murdoch	
Association Football Club	N. Harradine	S. Edwards
		M. Minter
		C. Baker
		M. Drew
		P. Coley
		G. Barker
Table Tennis Club	K. Wang	
Cricket Club		P. Rees
		J. B. Winter
		G. Evans

I. J. MACKENZIE,
Secretary of Blues Committee.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON
M.D.
November 1972

G. Smith

M.Sc. (Radiation Biology)
October 1972

R. K. Walesby
R. Zerafa

Ph.D. Medicine
October 1972

J M A. Wilton (Oral Pathology and Microbiology

UNIVERSITY OF LONDON
Third B.D.S.

November 1972

Honours

G. W. Emery (Distinguished in Dental Surgery)
R. G. Russell (Distinguished in Dental Surgery)
M. J. C. Shepherd (Disinguished in Pathology and Bacteriology)
Katherine M. Walter (Distinguished in Orthodontics)
N. A. K. Williams (Distinguished in Dental Surgery)

Pass

Ah-Moye, J.
Elizabeth C. Bailey
I. Bamford
Theresa R. Bannerman
D. E. Barker
J. N. E. Buckley
J. A. Colman
D. R. Cottam
H-J. Crapper
Penelope J. Davis
Diane Dennison
G. J. P. Dewe
Matthews
M. Mc. Drew
A. P. P. Edwards
G. I. Eikrem
Patricia M. Fernandez
G. M. Hall
A. A. Holland
T. M. Hudson
R. W. Kane
Hazel K. Kirk
Sandra B. Lee
N. S. McLeod
G. B. Marcus
D. J. Merrett
Eleanor V. Morris
Maire E. Morton
K. J. J. Moseley
R. K. Munday
S. B. Nilsen
J. C. A. Owen
A. Parker
N. A. M. Pearce
Diane Plamping
T. E Reynolds
M. C. Roberts
C. R. Ryan
T. P. Sands
M. L. Schaller
J. Standish
D. A. Stuart
D. Thompson
Lynne A. C. Turner
S. Turner
T. J. Walters
S. A. Winfield

Part I

P. C. Coley
Laetitia M. Finlay
I. M. Frieberger
J. R. T. Hayward
G. A. Irvine
N. P. C. Matthews
D P. Mills
N. R. Munks
S. H. Sachedina
P. N. Sheppard
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Korszun
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D. I. McMillan
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R. G. McQuillan
V. K. Maini
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P. Hodgkinson
Margaret P. Hooley
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G. Moulding
R. A. Newman
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D. F. Cripps
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H. M. Fleet
D. J. Gatland
D. M. Gillman
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I. D. Harrison
D. L. Jerichower
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Jean M. Speirs

ROYAL COLLEGE OF PATHOLOGISTS

Primary Examination

October/November 1972

P. J. C. Trenchard

Final M.R.C. Pathology Examination

November/December 1972

D. R. Turner

ROYAL COLLEGE OF PHYSICIANS

M.R.C.P.

October 1972

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N Longhurst
N. I. McNeil
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J. Woodland

ROYAL COLLEGE OF SURGEONS OF ENGLAND

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GUY'S HOSPITAL

Applications are invited for the appointment of **Senior Registrar** in Diagnostic Radiology with duties to commence 1st April, 1973 to 30th September, 1973 in the first instance. Opportunities are available for good experience in neuro-radiology and arteriography. Applicants should hold D.M.R.D. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **9th February, 1973.**

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Applications are invited for the appointment of **Senior House Officer** in Gynaecology at St. Olave's Hospital for the period of six months commencing 1st March, 1973. Applications with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **2nd February, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of locum **Paediatric Registrar** at the Evelina Children's Hospital for the period 5th to 19th February, 1973. Applications together with the names of two referees should be sent to the Superintendent, Guy's Hospital, London SE1 9RT, within one week.

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BIRTH

NICOLSON: At the Yeatman Hospital, Sherborne, to Liz and Kenneth Nicolson, a fourth son, James, a brother for Michael, Charles, and John.

DEATH

THERON: On 19th November, 1972, in Port Elizabeth, Louis N. Theron, L.D.S., R.C.S., Eng., 1922, of Graaff Reinet, South Africa, where he practised for 50 years. He loved his Alma Mater.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received eight days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2206

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"The best thing that has happened to me since I came to Guy's". Thus at least one satisfied customer following her two weeks experience in General Practice.

We devote this issue of the *Gazette* to teaching in general practice and to progress at Thamesmead. Pressed for by the students themselves, welcomed by general practitioners, all the signs are that the scheme has been a success. Now that the door has been opened a little and it can be seen what lies on the far side perhaps we ought to consider where we ought to go next.

It cannot be said too often that general practice is medicine in the community and that patients have a "before" and an "after" to their hospital existence. In their all too brief experience students have begun to understand how environment, social circumstances and personality interact with medicine, the variety and the scope of medicine outside the hospital and the challenge it faces: the opportunities for prevention, the role of the doctor as a teacher, the problems of early diagnosis, the work and value of other caring agencies and people in the community. The general practitioner needs to draw on all the disciplines that students learn in hospital and from others as yet new to the curriculum. He has responsibility for child care, in health and sickness, and for the elderly. He has to become adept at distinguishing the emotional components of a clinical problem and skilled in the technique of dealing with the vagaries of human behaviour. Every surgery session presents a series of problems to be defined and to be managed — some clinical, some social, most a combination of both; and throughout runs the thread of his continuing relationship with patients, its value, how it may be fostered and how it may be used to help.

The objective now must be to make available this experience to help the student at different stages of his course. From the earliest stage it could offer him contact with people and their problems and reactions; even before he begins the clinical year he could be learning something about human behaviour and how to interact with individuals and groups outside medicine. Later on he needs to be given a rounded picture of clinical medicine. To the care of children there is a hospital and a community component; so also for the elderly, the chronically ill or disabled. Experience of emotional illness is different depending on whether it is gained in a health centre or in a hospital. No educational programme for the student is complete which ignores either of these components: both must be mobilised to help him learn the full range of health and disease and of human behaviour.

As a newcomer to the academic scene general practice has also to prepare for teaching. A long historical process of development and systematisation of clinical experience undermines the teaching of other disciplines and its staff are accustomed to teaching. General practice is beginning to systematise and its doctors are eager to learn to teach properly: courses on teaching methods are now a going concern and attract enthusiastic doctors from a wide area of London and the South East.

Guy's has set its hand to a joint endeavour in the field of post-graduate training for general practice; is it now prepared to develop an integrated programme for students?

GUY'S DIARY

FEBRUARY

12	M	1.00	Clinical Lecture. Dr. HYAMS "Introduction to Geriatric Medicine".
13	Tu	1.00	Clinical Lecture. Mr. ELLIS "The Ischaemic Limb".
15	Th	1.00	Clinical Lecture. Prof. KEEN "Diabetes Mellitus—Complications"
19	M	1.00	Clinical Lecture. Mr. KINDER *"Injuries of the Bladder and Urethra"*
16	Fr	1.00	Clinical Lecture. Dr. HELLEWELL "Epidural Analgesia"
22	Th	1.00	Clinical Lecture. Prof. KEEN "Diabetes Insipidus and Hypoglycaemia".
23	Fr	1.00	Clinical Lecture. Mr. O'FLYNN "Diverticular Disease of the Colon".
27	Tu	1.00	Clinical Lecture. Dr. GRIMBLE "Veneral Diseases Today".

MARCH

1	Th	1.00	Clinical Lecture. Mr. GLOVER "Parathyroid Disease".

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POST-GRADUATE MEETINGS IN FEBRUARY

SATURDAY, 10th

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.
12.30 p.m. New Cross Hospital—Clinical Meeting on Ward 9A.
12.30 p.m. *Weekly Orthopaedic Meeting on Christopher Ward.*
12.45 p.m. Lunchtime meeting in X-Ray Department.
1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.
1.00 p.m. Endocrine Department Meeting in Hunts House Library.
2.30 p.m. Postgraduate Psychiatric Case Conference at St. Olave's Hospital on Victoria Ward—Presentation of selected cases.

TUESDAY, 13th

12 Noon Haematology Department Meeting in Hunt Memorial Library. Current Cases.
1.00 p.m. Lunchtime Meeting in the Pathology Department, Medical School. Lymphocyte-phytohaemagglutinin interaction—characterisation of the receptor mediating transformation—Dr. Michael Crumpton, Mill Hill.
5.30 p.m. York Clinic Journal Club Meeting in Library. History and concept of acting out by Sandler and Dare—Dr. MacDermaid.

WEDNESDAY, 14th

12.00 p.m. Rheumatology and Rehabilitative Medicine — New Cross Hospital. (Rheumatology/Orthopaedic Surgery Case Conference.
1.00 p.m. Paget's Disease and Calcitonin Therapy by Dr. A. Callin —in Nurses' Lecture Theatre.
1.00 p.m. Cardiac Department Meeting.
1.15 p.m. Closed Circuit Television Studio, Lower Ground Floor, Medical School. Advances in the Chemotherapy of Tuberculosis—Dr. Hugh Stott and Dr. Kenneth Citron.
2.00 p.m. Surgical Staff Meeting in Demonstration Room, 2nd Floor, New Guy's House Department of Medicine Meetings.
2.00 p.m. Clinical Meeting in Hunt Memorial Library.
3.30 p.m. Research Meeting. Surfactant and Foetal Maturity—Dr. M. Abrams.
5.00 p.m. Department of Anaesthetics Meeting in Obstetric Lecture Theatre, 2nd Floor, New Guy's House. Demonstration of Argyle Medical Equipment.

THURSDAY, 15th

1.00 p.m. Respiratory Round in the Hunt Memorial Library, 4th Floor, Hunts House.
1.00 p.m. Postgraduate Meeting at New Cross Hospital in Nurses' Lecture Theatre.
12.30 p.m. Paediatric/Psychiatric Case Conference at the Evelina Hospital, Staff Common Room.

FRIDAY, 16th

8.00 o.m. Surgical Meeting in Demonstration Room, 2nd Floor, New Guy's House, Department of Surgery.
1.00 p.m. Staff Round in Clinical Lecture Theatre, 2nd Floor, New Guy's House. Advances in the Chemotherapy of Tuberculosis—Dr. H. Stott.
3.00 p.m. Thoracic Department Meeting, 2nd Floor, New Guy's House.

SATURDAY, 17th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 19th

12.30 p.m. St. Olave's Hospital—Staff in Conference Room.
12.30 p.m. New Cross Hospital Clinical Meeting in Ward 9A.
1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom
1.00 p.m. Endocrine Meeting in Hunts House Library.
2.00 p.m. Clinical Orthopaedic Meeting in Orthopaedic Department in Casualty.

TUESDAY, 20th

12 Noon — Haematology Department Meeting in Hunt Memorial Library. 2-3 DPG and tissue oxygenation—Dr. P. Emerson (Radcliffe Infirmary).

1.00 p.m. — Lunchtime meeting in the Pathology Department, Medical School. The immunological aspects of Mycobacterium ulcerans infections in mice. Dr. John Stanford and Mr. Graham Rook, Middlesex Hospital.

5.30 p.m. — York Clinic Journal Club Meeting in Library. Body and Anorexia—Dr. Abey.

WEDNESDAY, 21st

12.00 p.m. — Rheumatology and Rehabilitative Medicine — New Cross Hospital. Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. — Cardiac Department Meeting.

1.15 p.m. — Closed Circuit Television Studio, Lower Ground Floor, Medical School. Airways Obstruction—Dr. Timothy Clark.

2.00 p.m. — Surgical Staff Meeting in Demonstration Room, 2nd Floor, New Guy's House. Department of Medicine Meetings.

2.00 p.m. — Surgical Meeting in Hunt Memorial Library.

3.30 p.m. — Research Meeting. Radio-immuno assay of sex hormones—Christine Ramage and Marilyn Bailes.

5.00 p.m. — Department of Anaesthetics Business Meeting in Registrars' Room.

THURSDAY, 22nd

1.00 p.m. — Respiratory Round in Hunts House Library.

1.00 p.m. — New Cross Hospital Postgraduate Meeting in Nurses' Lecture Theatre.

FRIDAY, 23rd

8.00 a.m. — Surgical Meeting in the Demonstration Room, Department of Surgery, 2nd Floor, New Guy's House.

1.00 p.m. — Staff Round in the Clinical Lecture Theatre, 2nd Floor, New Guy's House. Intravascular coagulation and the kidney.

SATURDAY, 24th

12 Noon — Haematology Department Meeting in Hunt Memorial Library. Current cases.

1.00 p.m. — Lunchtime Meeting in Pathology Library, Medical School. Mechanisms of autoimmunity—Dr. John Playfair, Middlesex Hospital.

5.30 p.m. — York Clinic Journal Club Meeting in Library. Acute and chronic hysteria — recent publications. Dr. Simpson.

WEDNESDAY, 28th

12.00 p.m. — Rheumatology and Rehabilitative Medicine — New Cross Hospital. Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. — The Kinetics of Salicylate Metabolism—Dr. T. J. Gibson —in Nurses' Lecture Theatre.

1.00 p.m. — Cardiac Department Meeting.

1.15 p.m. — Close Circuit Television Studio, Lower Ground Floor, Medical School. Fibrosing Alveolitis—Professor Margaret Turner-Warwick.

2.00 p.m. — Joint Meeting—Department of Medicine/Department of Surgery in Hunt Memorial Library.

3.30 p.m. — Department of Medicine Research Meeting in Hunt Memorial Library. Some Actions of Folate on Excitable Cells—Professor R. G. Spector.

5.00 p.m. — Department of Anaesthetics Meeting in Obstetric Lecture Theatre, Intra-Operative Fluid Replacement—Mr. Max Rendall.

NEWS IN BRIEF

Arts Club

The Guy's Hospital Arts Club will be holding their annual art exhibition in the Gordon Museum for two weeks starting from 12th March. All those wishing to exhibit works should contact E. J. Gavin or M. Bunyard by 6th March, through the club pigeon-hole in the East Wing. Paintings, drawings, etc., must be mounted or be of a reasonable standard. The best works will be awarded cash prizes and will be judged for their technique, composition, originality and style. Unfortunately it will not be possible to have pieces of sculpture or jewellery due to lack of adequate displaying facilities.

Swimming Club

The Swimming Club Gala is to be held on 21st February, at Mile End Baths. Would anyone wishing to take part contact: Francis Abels, c/o East Wing.

GUY'S HOSPITAL STUDENTS' CLUB

Elections 1973

22nd February — Election Day for Student Representatives.

1st-8th March — Nomination Period for Student President.

15th March — Election Day for Student President.

20th March — 12.30 p.m. Annual General Meeting of Students' Club.

The Students' Club Elections are to be held on the 22nd February. All students are urged to participate fully both in nominating representatives for their year and in the election of their representatives.

ELECTRONICS IN MEDICINE

25th-30th MARCH, 1973

A one-week residential course will be held at Loughborough University of Technology, from 25th to 30th March, 1973, to assist doctors in hospitals or in research who use electronic medical instruments or who are responsible for staff using them. The topics include characteristics and operation of electronic instruments, factors, affecing their choice, interpretation of manufacturers' specifications, reliability and costs.

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RN ROYAL NAVY

THAMESMEAD

Teaching Guy's Students in General Practice : Report on the First Year

Dr. P. M. Higgins

Guy's was one of the first London teaching hospitals to offer students an opportunity to spend two weeks of their elective with a general practitioner. In recent years, however, few had done so: the elective period was too near finals and the purposes of the scheme were undefined. In 1971, at the request of the Student Education Committee, General Practice was formally included in the curriculum and from July of that year two weeks was set aside at the end of the skins, eyes and anaesthetics firm for those students who wished (the scheme was not compulsory—nor was there to be any kind of post-course test) to see the problems and rewards of medicine outside the hospital. Thamesmead could not cope alone with the numbers involved (ranging from 21 to 36 in each class) so help was sought from old Guy's men who had helped in the past and from members of the South East Faculty of the Royal College of General Practitioners who had completed a detailed questionnaire about themselves and their practices. Those students who wished to visit a particular practice outside these lists—perhaps that of their family's doctor, or one already known to them—were in general allowed to do so.

A total of 62 general practitioners was involved, some single handed, some in group practices taking two students at a time. Three group practices took students every quarter, eight took students on three, and five others on two, occasions. The most distant practices were in Cornwall, North Wales and Keswick: the nearest, two-group practices within a mile of Guy's itself.

During the course in community medicine, that came early in the same firm, one seminar was devoted to general practice and its place in the medical care system. Each student was given a booklet setting out the objectives of the scheme, and an evaluation sheet for his comments and criticisms at the end of the course. Each host doctor was sent a syllabus with suggestions about the programme to arrange and the teaching methods to use: he was asked to complete and return a check-list of the activities undertaken and to write down what he thought the student had learnt and enjoyed.

The purpose of the scheme was to demonstrate:

1. The work of the general practitioner and his role in medical care and in the community.
2. The work of others who give service to patients outside the hospital.

3. The range and kinds of problems encountered outside the hospital.

4. The effect of social factors and environment on health.

On the Monday after they returned to Guy's the firm met for an hour to discuss their experience and what they had learnt. It is from the replies to the questionnaires and from these discussions, always lively and interesting, that the material for this report is drawn.

The first draft of this report was circulated to all the students who had participated together with a follow-up questionnaire designed to gain further information and their assessment of the course 6 to 18 months later. This material has still to be analysed and will be presented separately.

Results

All but three of the 104 students in the four firms during the 12 months, who were available to do so, took up the option of doing this course. The three who failed to take part were all in the first group, but subsequently every available student in each firm did so. 72 (71 per cent) of the 101 participating students returned a completed questionnaire and the subsequent analysis is based on these, and the reports from the host doctors. The best response came from the last class totalling 34, 31 of whom returned the questionnaire. Individual items were not completed by everyone.

The importance of providing even this limited experience is revealed by the fact that out of 71 students answering the question only 25 stated that they had had any previous experience of general practice, and except for two students, this was limited to no more than a day or two. Thus it seems that for most Guy's students this is at present their only contact with clinical medicine outside the hospital.

It was clear both from the questionnaire and from the discussions that all had enjoyed their two weeks and all those who answered the question (67) considered it was a useful experience for all students whatever their intended career. In order to be able to correlate comments with career objectives, each student was asked to state his career objective (the last three firms being asked to state this *before* the fortnight began): of the 67 who did so, 23 were uncertain, 11 were seeking a career in hospital, three in research and 31 in general practice (19 defintely, 12 possibly). These 31 students formed 68 per cent of the 45 who stated a career objective, 43 per cent of those who replied to the question and 29 per cent of the whole class.

Doctors' comments

The host doctors were asked to comment on what they thought the student had learnt. A wide range of opinions was collected, indicative of the diversity of interests and approaches in general practice, but in general the emphasis was mainly on the importance of the patient as a person, the value of a continuing relationship with

patients and knowledge of the family and environment in interpreting patients' problems and in treating them. About a third mentioned the variety and quantity of clinical experience in general practice as one of the chief things the student had learnt. The need to listen and the difficulty of assessing the real problem that the patient brings—the need to "read between the lines", as one doctor put it—were other points made. Only one doctor mentioned specifically that the student had learnt how illness in one member affects other members of the family and two others mentioned the continuing care of chronic disease and terminal care.

Several doctors made warm comments about the students' interest and keenness and maturity—"perhaps reflecting", one commented, "the excellent standard of teaching the receptive student receives at your teaching hospital". Another doctor left it to the student to state herself that she had learnt "that patients say a lot of things to their G.P. that they don't tell anyone else, that patients tend to be frightened of hospitals, that patients use their symptoms as an umbilical cord to their G.P., that a patient's character determines his individual reaction to illness".

Students' comments

Students were asked what they had learnt about the work of the general practitioner, the role of the hospital and medicine outside the hospital. In assessing the significance of the answers the large number of different practices, the wide range of practices and approaches and the probability of some indoctrination by the host doctors must be borne in mind.

It was clear from the replies that, in the words of one student, "a lot of misconceptions about G.P. were dispelled". The broad spectrum of problems dealt with, the striking differences from the range of conditions seen in hospital, the wide variety of the work, how much the practitioner was able to do and how interesting the work appeared to be were the main points commented on. The orientation around the patient and the differences in relationship with patients as compared with hospital practice were specifically noted. One student (son of a G.P.) who said he was not keen to do this course but in fact enjoyed it very much, wrote that he had learnt that "medicine is about people, not diseases" and another "that very few patients are really boring, and perhaps in a sense, the most boring are the straightforward curable medical conditions".

Six students drew attention to the G.P.'s role as primary assessor, the difficulties of distinguishing the serious from the trivial and the problem of selecting cases for further investigation. The pressure of work was noted by six others: "too many patients to be seen in too short a period". Two mentioned that they had learnt the value of working as a team with health visitors, nurses and social workers and two others that they had learnt how to approach the problems of grief and incurable disease and terminal care. Some expressed surprise at the amount of psychiatric illness; one student said that what he had learnt was "the hugeness of psychiatric problems—depression, hysteria, divorce problems, anxiety states—and lots of

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gynaecology. Thirteen students commented in some way on the general practitioner's role in the community and the value of his knowledge of the background and the family. Five others drew attention to the need to consider the emotional aspects of patient's problems or to the importance of the doctor's relationship with his patients in diagnosis and treatment. Social factors were mentioned and the G.P.'s role as counsellor by three students, as well as the need for tolerance and patience by two others. One student, an intending general practitioner, was, one hopes, exaggerating when he wrote: "there is often no need to make a diagnosis and Mother Nature seems to be the controlling factor in most cases. Marjorie Proops or Evelyn Home could make excellent G.P.s". His host doctor wrote of him in return (perhaps in revenge) "he had considerable experience of the management of young children in the home and became expert at Lego, trains and conkers, etc.".

A few comments were less pleasing: "that the basic level is inevitably lower than that of a hospital", "more empirical, less investigation". Two students described the method of assessment used in the practice they visited as follows: the diagnosis is made by treatment, when extensive investigation is not possible, and investigation follows if treatment does not work! But perhaps this is a garbled version of a more respectable theory of management.

As usual it was possible for the individual to find his own particular crock of gold in general practice. An embryo general physician commented "that G P s are able to deal with many problems, particularly if they have G.P. beds, that I had previously imagined were always referred to hospitals. I also found that there was much more organic illness with real pathology amongst the community at large than I had expected". In contrast another student found that he had learnt the most lucrative way of running a practice during his two weeks.

M.B. Medicine

Students were asked if they had learnt anything useful to them in passing M.B.; two thirds of those who replied (about 67) thought they had. One of the 21 who said they had not wrote "but that's not the idea is it?" and another "M.B. prepares one very little for the problems met with in G P.". These are valid views but a major purpose was to define whether general practice could make a contribution to the general objectives of the medical course (and perhaps M.B. *ought* to be changed), and if so what kind of contribution.

A number of respondents felt that their experience had widened their perspective and given them an idea of the range of clinical pictures of disease: others had clearly welcomed the opportunity to attempt to solve clinical problems on their own and the personal tuition they received (this was mentioned specifically by one student who put general medicine as his career objective). They considered they had gained in confidence in their approach to patients and in their ability to assess emotional and social factors. One student commented "an excellent clinical experience: the number of physical signs elicited and therapeutic decisions are greater than in comparable time in hospital".

Both doctor and student were asked to list conditions they had seen that were rarely seen in hospital and over 100 were defined ranging from the influence of a bank holiday on family relationships to new cases of diabetes and one of pernicious anaemia presenting with a haemoglobin level of 3.5Gm/100ml.

The most widely expressed opinion was that a great deal was learnt in the field of practical therapeutics, 11 of 67 respondents mentioning this specifically in their reports and others doing so in discussion.

Case Studies

Some of these reports reached a high standard and perceptive comments showed how much the student had learnt of the patients' view of the illness, but the range of problems studied was very wide and after the first two firms it was thought preferable to give all students the same tasks. Doctors were asked to let students talk to a mother with a problem child and to a woman who had recently undergone hysterectomy. The object was to talk to the patient and try to understand her view of the problem. One student described in great detail a woman of 35 who, following a 14-year history of dyspareunia and right iliac fossa pain, underwent hysterectomy: afterwards she complained of headaches, dizziness, lethargy and left iliac fossa pain, all of which she attributed to the operation. He commented that she had little idea of what the operation was for or what had been done. Another student, reporting the case of a woman of 31 who had had four therapeutic abortions and two spontaneous abortions, rather endearingly summed up the situation as she saw it: "this girl has a knack of falling for West Indian labourers who go and live with her, beat her and make her pregnant. The girl herself is *very* kind-hearted!".

Three students were critical of the value of case reports. Some reports were certainly poor but it was clear that those who had done them well had gained from them. Perhaps in this the student reflects the host doctor's attitude and interest. One student commented, "case reports are a chore unless a particularly interesting set of factors crop up; they didn't". He had written up a report on a man of 36 with retinitis pigmentosa, alcoholism, epilepsy and job dissatisfaction, so perhaps the fault lay in his tutor for not drawing out the manifold lessons of a problem of this kind.

General comments

Fifty-two students added further comments in response to an invitation to make suggestion for improving the two-week course. Most agreed with the comment of one intending paediatrician that 10 days was not long enough. Twenty-five specifically asked for a longer period, most suggesting a doubling of the time as a minimum. Four students felt that a further period later in the course was needed and eight would have liked to have seen more than one practice. One student suggested a general practice firm combined with sociology and general practice-based psychology and psychiatry. Similar points were made during the discussions, with general agreement that more time was needed.

Ten students felt that they would have benefited more if they had done psychiatry, paediatrics and obstetrics and gynaecology before this experience. Per contra one student suggested a view of general practice in the pre-clinical course to put hospital medicine into perspective from the beginning and another suggested abolishing the pre-clinical course altogether and replacing it by a general practice-based course. There were eight mildly critical comments suggesting more guidance for host doctors, better programming, no case reports and more home visits.

During discussion pleas were made for doctors to give the students a more active role in patient care. Some were critical of some aspects of general practice as they saw it: most thought it hard work, but a few disagreed; they found the working day in the practices they visited light and the intellectual demands on the doctors unimpressive. One or two commented on the over-use of psychotropic drugs and the dependence on tranquilisers. The ease with which one could enter general practice without special qualifications or training were adversely noted.

One student judged himself lucky to have gone to a practice with such a wide variety of work; anaesthetics for reducing fractures, supervising the local geriatric hospital, cottage hospital, Mountain Rescue, but perhaps the most impressive (though somewhat ambiguous) utterance came from a student who wrote, "general practice is what you make it and there is scope to make a great deal of it. If we didn't do this fortnight I think that many students would continue to think that the G.P. is an ignorant country yokel. I know this to be true as my father was one! (what did he mean)? I found the intimate contact between G.P. and patient stimulating and refreshing after hospital life. The hospital doctor doesn't get to know all sides of the patient, indeed often doesn't want to. I want to!"

Discussion

This was a first attempt to ensure that all Guy's students had a chance to see the problems of medicine and the work of the medical services outside the hospital. It was thought best therefore, not to impose a rigid structure to begin with, but rather to learn as much as possible about what the doctor thought he had to teach, and what the student seemed to value and to learn in this setting. It was therefore gratifying to see not only how much work the host doctors had put into making this a success and to read how warmly they spoke of the students attached to them but also to learn that it had proved an enjoyable and worthwhile experience for the student. It is always possible that the 29 per cent of the whole year who failed to return their evaluation sheets would have presented a different set of opinions: however, 31 out of 34 members of the last firm sent in completed questionnaires and the general picture did not differ from that presented in this paper.

Attachment schemes are the most familiar mode of giving experience in general practice to the student but they do present

difficulties of scope and, when only a short single period is available, timing is difficult: the nearer to finals, the less interested are students in activities of indirect relevance to the immediate objective of passing M.B.: the further away from finals the less does the student come armed with clinical experience. If a single niche is all that is immediately possible then the second clinical year seems a reasonable time but of course the objectives of the scheme must take account of the limited clinical experience of the student. The purpose is generally said to be "to expose" students to general practice but this is a very modest objective and even in the short time available the framework was widened to include experience of other services and workers in the community, some notion of clinical medicine outside the hospital and the effects of social and emotional factors of health. Students were encouraged also to look at medicine from the patient's point of view.

How far did the two weeks course go towards meeting its rather wide objectives? This first exploratory exercise showed that students came back to Guy's with a mass of experience that they were anxious to talk about and that it included ideas about the role of the practitioner and other member of the community health team, and about patients and their problems and their relationships with doctors both in general and in hospital practice.

In addition, there was a range of clinical experience that they welcomed having access to. The gain in perspective, the increased confidence in approach to patients, the increased knowledge of the wide range of clinical presentations and of conditions rarely seen in hospital, the opportunities to solve "uncontaminated" problems as they first presented to the doctor: all these were welcome additions to the nomal student programme. So also (for some at least) was the close relationship with the general practitioner teacher and a point of particular interest was the value given to the course by several of those whose career objective lay in the hospital field. Many students were very glad of a change from hospital practice and the break in routine seemed to have helped them to reflect and begin to know "what medicine was all about": one student clearly expressed the feelings of her whole group when she said "this was the best thing that has happened to me since I came to Guy's".

The Dental Team at Thamesmead

D. W. Johnston

Present Accommodation

The Lakeside Health Centre, at Thamesmead, was opened in March, 1972, and is centrally located in the vicinity of the first shopping centre. It provides accommodation for the primary health services — doctors, nurses, health visitors, etc., — for the first 5,000 residents of Thamesmead and eventually will serve a population of 12,000 or more.

The Centre also includes three dental surgeries together with a darkroom, laboratory, model store and recovery room. The reception area and Staff Common room are shared with other users.

The Dental Programme

Thamesmead has a far higher proportion of children than a normal population in this country; 46 per cent are under 16 compared with a national figure of just over 20 per cent. This has important implications in planning dental services as it is during the years of childhood that dental caries has its highest incidence and also the period when preventive methods such as the application of topical flouride are most effective. However, the dental programme aims to provide comprehensive services to all the residents of Thamesmead by integrating the General Dental Services with the School Dental Services. This is a unique feature and gives several advantages over the usual situation where general practitioners work separately and isolated, from the Local Health Authority's dental programme. A specific advantage of the integrated service is the access which can be gained to the schools of the community to provide dental health education and dental inspections. This stimulates a high demand from schoolchildren for care probably due to the accessible, available and, apparently, acceptable service that is provided from the Health Centre and no doubt encourages the rest of the family to utilise the service. Also, a preventive dental programme can be carried out through the Local Authority which should reduce the need for care. Concepts of modern dental practice are emulated and each surgery is similarly equipped with low-line dental chairs which enable dentists, auxiliaries and surgery assistants to work in the seated position for most procedures. Operating techniques utilising mobile units, high speed evacuation and colour coded instrument trays aim to increase efficiency and relieve the stress which is currently associated with general dental practice.

The Dental Team

Dental manpower is hard-pressed in normal conditions to deal with the problem of meeting the demand from the public for care

but in the exceptional circumstances at Thamesmead there is an even greater challenge which has emphasised the need for the dental team approach.

Dentists are, of course, the mainstay of the programme. They not only examine and complete treatment for patients but also carry out treatment plans on behalf of the two New Cross Dental Auxiliaries working at Thamesmead. In addition an orthodontist provides this specialist service on a regular basis.

The dental auxiliaries' training makes them particularly sutable to treat children and implement a preventive programme which they carry out at the Health Centre. They also provide dental health education for mothers attending well-baby clinics and for children in the local schools.

It is hoped that a dental hygienist will soon be participating in the programme and this will produce a more balanced service by providing preventive dentistry to adults as well as children and also relieve dentists of scaling and prophylactic procedures.

A roving dental assistant is essential for the programme and this role is usually filled by the most experienced girl who monitors the activities of each area and helps relieve situations of greatest pressure particularly during the changeover of patients or determining whether a dental auxliary is available to follow through spontaneously on treatment or prevention prescribed by a dentist for a patient. She is the liaison between all personnel including the receptionists, and clerks who combine to organise a smooth patient flow. The need for a roving assistant is emphasised by the internal layout of the Health Centre with considerable distances between surgeries, waiting area and reception.

An important asset for the dental project at Thamesmead is the comprehensive nature of the health services provided. Experience, so far, has shown beneficial and easy co-operation with the doctors and a number of interesting cases have been referred to the dentists from them and vice versa. The presence of a nursing staff in the Health Centre is obviously beneficial when there is a need to give antibiotic and other injections. The other Local Authority personnel such as health visitors and social workers provide opportunities to create links with the community.

Teaching Programme

It is envisaged that a teaching programme of community dentistry which will incorporate concepts of general practice and public health will soon be initiated at the Lakeside Health Centre for dental students from Guy's. It is hoped that in the environment of the Centre it will be possible to narrow the gulf of technical excellence taught and demanded by teaching hospitals and the day-to-day procedures which create pressures for the general dental practitioner.

THE WILLS LIBRARY GUY'S HOSPITAL MEDICAL SCHOOL

Hospital Doctor and Health Centre

R. C. Lallemand

If the Health Centre is envisaged as a means of bridging the gap between the Family Doctor, the Hospital and Public Health Services, then that which has been in existence at Stranraer since 1955 must represent a fair example.

I had the good fortune to visit this Centre* during a holiday in this pleasant rural corner of Galloway this summer, and found that happy amalgam between community and local hospital which nowadays seems only possible in a relatively isolated community such as this.

There is a Hospital with almost 50 beds running in association with an attached Health Centre which houses General Practitioners and Public Health Services, and sharing the investigation services such as Radiology, Pathology, etc.

The catchment area contains upward of 14,000 patients shared among ten doctors organised into five partnerships. Each practice has its self-contained list and surgery with waiting room. Secretarial, reception, nursing and health visitor services are shared. Each surgery and waiting room open off a common corridor and patients see only their own family doctor in surgery. So that although services are shared, each practice is a self-contained unit and there is remarkably little patient movement between lists. There is an appointment system and surgery times differ according to personal choice.

Practitioners from the Health Centre staff the attached Hospital, some specialising in surgery, radiology and anaesthesia. Patients in the hospital are cared for by their own family doctor with a local attendant specialist for surgery. Most of the operations of general surgery are regularly performed by one man who averages 500 to 600 operations a year. Other specialists from a District Hospital 80 odd miles away attend regularly at outpatient clinics and are available for consultation. It was surprising to find that the surgical inpatient stay in hospital was longer than the national average.

Obstetrics is practised in a Maternity Hospital one block away from the Health Centre. In general, difficult and complicated cases are sent to the District Hospital. This requires forethought as the journey takes over two hours by ambulance and is unpopular with patients.

A full range of local authority clinics is to be found and the County Medical Officer of Health and Assistant have premises in the Centre as do Mental Welfare, Health Visitors, and District Nurses. There are well-woman, cervical cytology, ophthalmic, audiometric, orthoptic and physiotherapy clinics. An orthodontist visits from Glasgow. An expanded physiotherapy unit is being built to satisfy a demand of more than 55,000 attendances annually. It is perhaps surprising that there is no one with a higher qualification or particular interest in physical medicine.

During the coffee break in mid-morning, contact between all members of the Health Centre team, visiting specialists, and often practitioners from nearby, who may have occasion to use the Hospital, is considered an important part of the daily routine. Discussion is often frank, and above all there is no backbiting. The standard of practice is high, providing that essential job satisfaction. It is certain that this open atmosphere has a lot to do with why the Centre is a success.

It is a salutary experience to admit a patient with an acute abdomen to Hospital yourself as both G.P. and House Surgeon. Even more so to carry out an E.C.G. yourself which shows a myocardial infarct. Truly the buck stops here.

Stranraer is a market town and small seaport. There is a well-developed Council Housing Programme. Two Creameries and a Shoe Factory are the main industries beside farming, and unemployment stands somewhat above the national average. As expected this creates its own type of social problem. The incidence of brucellosis appears to be high in this relatively static and insular community. Ideal circumstances these for a study of the epidemiology of this condition.

What do patients think of the Service provided? The majority have now taken the situation for granted and it is only when they have to travel to the larger District Hospital that they realise what a splendid Health Service they have. The problems of doctor-patient relationship have been overcome and there is very little of the "fear and trembling" so often associated with a visit to Hospital. There is no long wait associated with a visit to clinic or surgery. The training of the patients is left to their individual practitioner.

There is a large proportion of old folk in the community who do receive regular visits from their doctor, mainly because there is more time to think about patients as lists are fairly small. Some of this could conceivably be done by a Health Visitor.

The advantages for the practitioner are obvious and this must represent one of the most satisfying ways of practising medicine in this country. Certainly there is great interest in the system for all doctors concerned and this is reflected in the high number with post-graduate qualifications, many acquired after joining the Health Centre in Stranraer.

This type of Health Centre is ideally suited to a relatively isolated community such as this, but it is difficult to see how it would work in crowded urban areas where the larger District Hospital is nearby and practitioners have fuller lists. However, there is much to be learned about bridging the gap between Hospital, family doctor and Public Health Services. Perhaps if we, as hospital doctors, were to look at such General Practice from time to time, we might gain more insight into how much integration of medical services is feasible.

*The Stranraer Health Centre. J. Richard. *J. Roy. Coll. Gen. Pract.* 1968. 16. 484.

Students at Thamesmead

For most of the first year of the attachment scheme facilities for students at Thamesmead were limited. Two doctors working in a temporary centre under cramped conditions and with limited staff were trying to cope with the heavy demands and manifold problems of a new community. However, at the end of February 1972 the first permanent health centre was opened and this architecturally interesting building, a pleasure to work in, allowed a much desired expansion of services for both residents and students. Students were able to interview and examine patients on their own and this proved very popular—especially if the students saw the patient before the doctor. . . Another useful exercise was to allow the student to interview the patient with the doctor taking the notes. Students were given visits to carry out, either as the first contact with the problem or to follow up problems already dealt with. Health visitors, nurses and midwives contributed to the programme and a useful library of medical books and journals was accumulated in the common room. Tapes and tape-slide programmes were hired and proved popular and a start was made on recording material in the centre itself to provide for teaching and discussion.

During this quarter, for the first time, two students spent two weeks at Thamesmead during their paediatric appointments to learn about some of the problems of child health and child care outside the hospital. An experimental teaching and consultative session at the health centre was conducted by Dr. David Morris, paediatrician to the Woolwich Group of Hospitals, and it was clear that this had great potential.

By the end of the twelve month period a much more active programme was construed and students were given problems to study. The analysis of common presenting symptoms in general practice such as headache and dizziness were tackled and students put in a great deal of very useful work, producing well-balanced and informative presentations of their alloted subjects.

The development of services allowed additions to the programme to be made continuously. The social worker and the local pharmacist each took a teaching session as did the dental surgeon working in the centre. In February this year, an ophthalmic service will be set up under the direction of a distinguished ophthalmologist and this too should add an extra dimension of great value to the student programme.

The health centre is a place where many different disciplines come together and to which many distinguished visitors come. Once a month there is a lunch-time meeting of all those giving service at Thamesmead including clergy, teachers, social workers, youth leaders, nurses, doctors and others. Students are welcome at these meetings, at staff meetings in the centre and at the meetings with visitors from many countries.

In addition to medical students from other parts of the U.K. and from America and Canada, students from other disciplines also appear from time to time: nurses, health visitors, midwives in training, medical secretaries in training and social work students. Informal contacts amongst these future members of the health and social care team is bound to be of value; indeed a more systematic programme to bring these different disciplines together and to examine their different roles and insights into patients' problems is desirable.

Perhaps two of the main weaknesses of medical education at present are that it fails adequately to equip doctors to work in a team and that it does not set out positively enough to equip them with the techniques to go on learning and develop further. In addition to providing opportunities for the solving of "uncontaminated" clinical problems when they first present to a doctor, to stressing the emotional and social aspects of health, we hope at Thamesmead as our resources grow from year to year to experiment with educational methods that involve team work and active learning by students. The replies to our present evaluation sheet have helped define objectives for our programmes and students who participated in the first year have been asked to rate the value of each objective on a four-point scale. A new academic department has to justify its place in the curriculum and in addition to defining its potential contribution it must seek to evaluate the results. This we aim to do with the help of students, hoping continuously to improve and expand our programme in this way.

CLOSED CIRCUIT TELEVISION

Spring Term 1973

14th February	Advances in the Chemotherapy of Tuberculosis	Dr. Hugh Etott and Dr. Kenneth Citron
21st February	Airways Obstruction	Dr. Timothy Clark
28th February	Fibrosing Alveolitis	Prof. Margaret Turner-Warwick
7th March	Sarcoidosis	
14th March	Non-Tubercular Respiratory Infections	Prof. J. Robert May
28th March	Radiology of the Chest	Dr. J. W. Pierce

These programmes will be shown in the Closed Circuit Television Studio on the lower ground floor of the main Medical School Building at 1.15 p.m.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL TRAVELLING SCHOLARSHIP

Attention is drawn to the undermentioned Travelling Scholarships which are now available.

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1973 to be received by the Dean of Dental Studies by **14th February, 1973.**

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

R. D. EMSLIE,
Dean of Dental Studies.

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

The twenty-second annual dinner of the Society will be held on Saturday, 10th March, 1973, at the Park Hotel, Cardiff. Time 7.00 for 7.45 p.m. All Guy's men and women are welcome as in former years. Tickets are £3.00 for the Dinner and 50p for annual membership. The President for 1973-74 will be Dr. George MacVicar and the principal guest from Guy's will be Mr. L. F. W. Salmon. It will facilitate arrangements if all those intending to be present would send their remittance, payable to the Society, by Wednesday, 7th March, 1973.

CORRECTION

Professor Keith Simpson took charge of the Pathology department after the sudden death of Professor Donaldson, not Professor Nicholson as stated on P. 554 of the issue of 18th November, 1972.

NURSING

PROFESSIONAL APPEARANCES

In recent years it has become customary for student nurses to live away from the hospital much earlier in their training than was previously the custom. Up until eight or ten years ago, the London hospitals, in particular, did not allow unqualified nurses to live away from hospital premises. Now, however, they are allowed, like other students to make their own living arrangements at a very early stage. As a result of this it becomes apparent to the casual observer, that there is one important difference between these people and their peers at university.

Whilst at work, the nurse is obliged to wear uniform, but when off duty she obviously does not. There arises then, the problem of what she should wear when travelling to and from the hospital, which may be some considerable distance. Some institutions provide an outdoor uniform which has marked drawbacks, not least of which, are the infection risk to both nurses and patients, and also, the fact that most students either will not, or cannot wear it in such a way as to look professional or even tidy.

On the other hand some hospitals require their staff to change their attire before leaving the premises. This is, of course, a far more satisfactory policy, but one which is blatantly flouted by many of those concerned. As a result, they neither adopt one procedure or the other, but attempt to compromise. The outcome of this, is that nurses are to be seen travelling on public transport in an assortment of clothes.

It would be very interesting to know the reactions of the public to this, for the appearance of some of these individuals is nothing less than horrific. To sit in the underground opposite a person in a dress which could only be that of a nurse, ill concealed by a grubby coat cannot be very reassuring for a layman, particularly when in that person's basket is a cap which could only be described as charcoal grey in colour.

Unfortunately this scene is only too frequent a happening at present. It seems that many nurses have neither any pride in their hospital or even in themselves. Doubtless these people are rebelling in part against what they see as unnecessary discipline, imposed by their seniors for no reason other than causing trouble. If, however, some of them could see that this can only cause the public to be extremely concerned about what they might be subjecting themselves to if they had the misfortune to require hospital treatment. If the staff are incapable of caring for themselves, how can they possibly be competent to care for others, particularly when they are unwell.

Is this another case for the advocation of the enforcement of a system of one dress issued daily to all Staff? At present, the situation is most unsatisfactory, and the nurses are rendering a disservice to both themselves and their patients.

CORRESPONDENCE

General Medical Council

SIR,—Isn't it interesting—whenever the quality of writing in the *Gazette* rises slightly above that of a backward parish magazine, some eccentric correspondent writes in to complain. I am constantly being scolded for my adjectives, as if literacy were some strange perversion. I am wholly unrepentent in this respect.

Despite Dr. Brewin's apparent faintness in the face of vigorous prose, he seems astonishingly easily satisfied with the G.M.C. To criticise me, because every aspect of the copious,, clear and constructive criticisms my colleagues and I have published over the past five years was not spelt out in my last letter—is like attacking any author, because his latest work doesn't include a total refirmation of everything else he's ever written! Had he read any of our explicit objections to the present status of the G.M.C.'s structure, functions and impertinent behaviour, he would realise how empty and windy his little letter was.

Rest assured, Dr. Brewin, we have very clear ideas of "what we object to and why". We cannot share your touching belief that the G.M.C. does "a useful and essential job" because there is no evidence for such sweet but vague beliefs. Join in the debate at this stage, if you wish, and welcome!—but do us the justice of reading what we have written, and stick to the subject of our discussion and refrain from personal invective and inept literary critcism to disguise the extreme poverty of your arguments.

York Clinic,
Guy's Hospital,
London, SE1 9RT.

Yours faithfully,
MICHAEL A. SIMPSON.

Rugby Club Supports?

SIR,—The recent successful afternoon and evening on the occasion of the first annual Past versus Present players match showed that boundless enthusiasm exists amongst many Guy's men for the game of rugby football. Unfortunately, this enthusiasm is not shared by all those responsible for the distribution of Clubs Union finances, and the clubs grant has been cut by nearly 20% in comparison with last year. This may result in the club having to terminate some of the fixtures away from London, in spite of the fact that these have been confirmed until the 1974-75 season.

The Committee thus suggest the formation of a supporters' club, who for the modest sum of £3.00 annually will be circularised personally with fixture lists, details of Cup games, etc., will have priority for International tickets and will be helping the club to maintain its national fixtures.

Names and addresses may be sent to me, or given to one of the club's officials at the Rugby Ball, to be held at Quagliano's on the 15th March. (Double tickets available from the Ball secretary—£7.50).

Yours faithfully,

Guy's Hospital,
London Bridge, SE1 9RT.

S. J. CHALLACOMBE.
(*Honorary Secretary, G.H.R.F.C.*).

With Thanks

SIR,—

Laud it to the Heavens
Sing out to the skies
Praise ye the Lord
Miracles I've seen
Before my very eyes
Performed by those magicians
Who operate at Guy's

FRED ROBINSON.
old age pensioner.

Luke Ward,
New Guys House.

Boxing Club A.G.M.

SIR,—At the A.G.M. Mr. J. Mansie was re-elected as President. Mr. Johns, sadly absent through more important duties, was re-elected Vice-President. and Mr. Durbin elected Secretary again. The only change was Huw Davies voted as Captain in the place of Terry Reynolds (now qualified). Terry was very sincerly thanked for the effort and work he had injected into the Boxing Club in the past six years. A great deal of time was spent discussing the different possible ways of celebrating the Club's centenary celebrations, and the matter was left to the Secretary to report back at the next meeting the views of the present and ex-members. Peter Murdoch was congratulated on winning the University Boxing Championship at Bantamweight and being awarded his full blue. Three boxers left the A.G.M. and motored to Cambridge for a fixture with the University, but unfortunately no other boxer was prepared to share the ring with them and all returned without a contest. But it was better luck on 16th November at Chelsea Town Hall, when two of our boxers won in the first round. New Captain Huw Davies demolished a Cambridge University boxer and was nicknamed the "Wild Man of Borneo" by the promoting Club Belsize B.C. Huwie was in the ring again on 5th December, at "B Division Police Show" Lime Grove Baths with a step in the standard of opposition and gave a masterly and skilled display of boxing for the first two rounds, but unfortunately never paced himself and lost the third round and the contest.

It is proposed with the Pavy Gym's Management's consent to change the club's training nights to Monday, Wednesday, and Friday, which it is hoped will get our boxers well prepared for the University Championships to be held at Bath University on 17th February 1973. We would like to congratulate Terry Reynolds (Dental) and Peter Murdoch (Medicine) on passing their final exams. If my memory serves me correct the Boxing Club has had only one failure in the last fifteen years, which must have covered one hundred students and must support the well-known proverb "Fit Physically—Fit Mentally" and surely an answer to Dr. Edith Summerskills brain damage story.

52, Kipling Street,
Long Lane,
Bermondsey, S.E.1.

CHARLES POCKNELL.
Trainer to Guy's Hospital Boxing Club.

Come! Come!

SIR,—Re the plea to bleep medical students in your recent issue:—
Very often we bleep medical students—and get NO REPLY WHATEVER—small wonder we tend to by-pass them!

Nurses Home,
Guy's Hospital,
London, SE1 9RT.

Yours, in hope,
SIX FRUSTRATED NURSES.

[Ed. note: The Editor will be most obliging if any frustrated nurses would bleep him immediately!]

Rose Ball

SIR,—On C. J. Bennett's news on this year's Rose Ball (27th January, 1973) are, by his own admission, somewhat negative in content, and it would be wrong for such an unbalanced judgment to go unanswered.

The report which I understand will appear in your columns in due course will no doubt deal with most of the matters he has raised. But surely the essence of the Rose Ball is that it is a social gathering on a grand scale to which the atmosphere of an expensive London hotel is indispensable. The Ball this year was attended by 600 people, 200 more than last year, of whom 60 per cent were students, a large proportion of the remainder being doctors at Guy's. I do not believe that there were any significant grounds for disenchantment to move the Ball to less extravagant environment would be the first step along the road to just another hop. What is called for in the *Gazette* is not a list of trivial criticisms but an expression of gratitude to the organisers for their energy, industry and skill in arranging such a splendid evening.

East Wing,
Guy's Hospital.

PETER ADAMS.

SPORT

This issue of the *Gazette* heralds the beginning of the Sports Diary where advance notice of sporting events, which the Hospital Sports Clubs are involved, will be published. In this way it is hoped that a valuable communications link can be made for both staff and students, but also for those no longer at the Hospital who may still like to remain informed of the various fixtures and matches, some of which they may wish to attend. Initially, notice of events due to take place during the period three weeks from the publication date will be included together with details of venue and times as required.

SPORTS DIARY

FEB.	10	RUGBY	Streatham-Croydon	H.O.P.
		HOCKEY	Nat. West. Bank	Away
	13	SQUASH	Lensbury C.C.	Away
	14	HOCKEY	London Hospital	H.O.P.
		SQUASH	L.S.E. II L.	Away
	15	SQUASH	U.C.X.	Home
		GALLOPING-GOURMET	U.L. Wine and Food Society (Calvert Challenge Cup)	East Wing
	17	RUGBY	London Irish	H.O.P.
		HOCKEY	Blackheath	Away
		BOXING	University Championships,	Bath. Univ.
	19	SQUASH	Royal Dental Hospital L.	Home
	20	SQUASH	St. Bart's Hospital 1st V	Away
			St. Bart's Hospital 2nd V	Home
	21	SQUASH	L.S.E. I L.	Away 6.15pm
		SWIMMING	Gala	Mile End Baths
	24	RUGBY	Exeter	H.O.P. 10.30am
		HOCKEY	Gore Court	Away
	26	SQUASH	R.N.C. Greenwich 1st V.	Home
	27	SQUASH	St. Thomas' Hospital C.C.	Home
	28	SQUASH	Imperial College IV L.	Away
MAR	1	SQUASH	Middlesex Hospital I L.	Home
	3	RUGBY	Old Alleynians	H.O.P.
		HOCKEY	Pakistan Ind.	H.O.P.

H.O.P.—Honor Oak Park C.C.—Cumberland Cup L—U.L. Squash League

HOCKEY

GUY'S vs. TULSE HILL

27th January. H.O.P.

Lost 1-6

Although one of the heaviest defeats of the season, Guy's should not feel downhearted against such opposition; and if the run of play had gone a little more Guy's way, the result would at least have been respectable. The hospital began strongly and within three minutes had won the first short corner of the match, but not the first goal.

Tulse Hill, fielding one of the best forward lines seen at Guy's, quickly settled down, and began to pepper Guy's "D" with a series of penetrating passes. The home defence gave way ten minutes into the first, when a long corner brought the somewhat inevitable goal. This led to a relapse in Guy's spirit and the first half ended Guy's 0, Tulse Hill 4.

In the second half the hospital players began to regain their confidence, and to harass the opposition into errors not seen previously. Several times Guy's forwards broke through a rather square defence, only to be thwarted by the goalkeeper, when an earlier pass should have been given.

After Tulse Hill's last goal Guy's scored twice, first from Geoff Sparrow with a nicely struck short corner, then from Bob Hannaford with a deflected "shot", unfortunately into his own net.

Throughout the game it was good to see, a mature approach against Tulse Hill's niggling fouls, abuse and other so-called professional play.

Team:—K. J. Cottingham, R. Hannaford, M. Selley, B. Lakharni, P. Duckworth, P. Calvert, I. Cooper, A. Smith, J. Horton, G. Sparrow.

RUGBY

HOSPITALS' CUP

GUY'S vs. THE LONDON

Cobham, 25th January.

Lost 6-7

The result was a bitter blow to Guy's and the reasons for the side's failure are difficult to analyse. Although the press made something of Danford substituting for Phillips at scrum half, any deficiency in this area was not enough to explain Guy's defeat. In the special atmosphere and pace of Cup rugby spirit and determination are at least as important as individual skills and on this occasion Guy's could not find the inspiration to rise to the occasion.

Guy's started shakily and were obviously confronted by a London side playing with nothing to lose. Even so, when Guy's settled they appeared the better side. The forward play was hard and uncompromising. Guy's rucked well but not consistently. Line-out possession was equally shared but Guy's had hoped for more in this sphere of play. The scrummaging was a major weakness and from the outset there were ominous signs that Guy's were in difficulty. Later in the game, when Allen was moved to the wing to cover Ross who had been injured, the Guy's pack were pushed about in an undignified manner. A retreating scrum gave Danford little hope of making good the possession gained. The backs, so much better than their opponents, were given little room to run because of the fierce tackling that typifies Cup games. Even so, a lot of possession was wasted by kicking.

Guy's were the first to score when Druett kicked on after a dropped pass by the London. Ross had little trouble in picking up and placing the ball over the line. Danford converted. In the first half the London replied with a single penalty.

In the second half Guy's allowed the pace of the game to slow. The London Hospital sensing that victory could be achieved played well above themselves while Guy's played more and more with an air of weariness and even resignation. For a long period Guy's were confined to their own half and inevitably the London eventually broke through to score. With plenty of time to save face Guy's could not raise their game while the London, cheered from the line by their supporters, hung on to their lead with the same doggedness that had undermined Guy's spirit.

Team:— G. Evans (Capt.), T. Gibson, D. Stuart, K. Rigg, S. Challacombe, B. Hagan, H. Holliday, N.Allen, M. Danford, G.Owen, A. Campbell,T. Druett, R. Yetton, J. Ross, A. Cook.

T. G.

GUY'S vs. TAUNTON

Taunton, 20th January.

Lost 12-13

In typical West country conditions Guy's faced yet another typical West country side.

Playing open football Guy's took advantage of the grass while it remained and soon had Taunton running back in some confusion. In the opening minutes Fitton kicked a difficult penalty ad Guy's seemed well set.

However, Taunton were much quicker to master the slippery conditions and they forced play up to the Guy's line with foot rushes. From a well positioned scrum Taunton equalised with a neat drop goal.

Perhaps to their disadvantage Guy's continued to throw the ball about and a scoring opportunity was missed when Owen made a clean break but passed a little too early. Guy's went ahead again when Holliday charged down a kick, dribbled through and scored a try. Fitton converted.

An injury to Phillips deprived Guy's of a scrum-half for some of the first half. It was during this period that Taunton scored a try after moving the ball swiftly to the blind side of a scrum and creating an overlap.

Although Phillips returned to the field his injury prevented his performing with any of his usual flair. Fitton kicked another penalty before the break and Guy's were then leading 12-7.

In the second half Guy's were forced into a defensive position for long periods. The forwards battled on in what became a dour tussle and gained a lot of useful possession. Phillips struggling bravely behind the pack could rarely give an effective service and play tended to break down before the Guy's backs could break into stride. Taunton narrowed the score with another penalty and with only a few minutes to go Guy's were hanging on grimly to their lead. Unfortunately, some Guy's players had clearly upset the referee by questioning his decisions. In the closing moments a Taunton hand entered the scrum and the referee was set to award a penalty to Guy's. A raised fist and loud comments pre-empted his whistle and he had little choice but to reverse his decision. Thus, with almost the last kick of the game Taunton drew ahead by one point. Guy's sealed their own fate by ill-judged petulence and it is a lesson that one hopes will be long remembered.

Team:— R. Fitton, A. Portelly, R. Yetton, A. Campbell, T. Druett, G. Owen, M. Phillips, H. Holliday, N. Allen, B. Hagan, K. Rigg, S. Challacombe, G. Evans, T. Gibson, D. Stuart.

T. G.

Correction

The Association Football Club half blue was awarded to M. Winter and not M. Minter as published in the last *Gazette*.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology, with duties to commence 1st October, 1973 for one year in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London S.E.1 9RT, not later than **28th February, 1973.**

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS T. J. GOULDER and K. N. BULLOCK

SPORTS CORRESPONDENT G. MOULDING

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2207

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

April of this year brings V.A.T. to Britain, the closing of the School Technicians Dining Room in the Medical School, and the technicians to the spit. These events are not unrelated.

It has been thought expedient to close the technicians dining room and the Students' Club were asked, at their last meeting, to consider the proposal that some 80 technicians and secretarial staff should be allowed to use the facilities of the Spit. There is an advantage in that there would be a more stable population during the holiday period when fewer students are attending the hospital, consequently the Spit should lose less money, thus preventing a further price rise of some 10 per cent when V.A.T. is introduced. This proposal was carried at the S.C.C. and a trial period of three months was agreed.

Students at this hospital have a right to good food, in pleasant surroundings, at reasonable prices and it is intolerable that the facilities of the lower Spit should be stretched even further when none of these criteria are being met at the present time.

There can be no justification for the shortcomings of the food supplied to the students of this hospital — the time has now come when discussion and excuses will no longer suffice — there must be a major reorganisation of the dining facilities at Guy's. This can only be achieved by the complete amalgamation of the upper and lower Spits to form a large central dining area and the formation of several peripheral Snack Bars — in the Medical School, Dental School and of course the new Tower.

Considering the Spit has a virtual monopoly of the 1,200 students at Guy's and these form a stable consistent population, what justification can there be when food has already run out at 12.20, when it is

cheaper to buy coffee at Outpatients, when a ten-minute delay is rewarded by a further wait for one's proverbial chips and when the food is frankly inedible.

Those responsible for the day-to-day running and the long-term planning must realise that the situation is worsening and action must be taken.

Let anyone be welcome in the Spit — especially others who work at the hospital — but let us put our house in order first and not offer them the present shambles.

NEWS IN BRIEF

GUY'S HOSPITAL STUDENTS' CLUB

The Election for the Student President for the year 1973-74 will be held on Thursday, 15th March, 1973.

Nominations must be made by 5.00 p.m. on Thursday, 8th March, 1973.

A notice giving details of the procedure for nominations and for the Election will be posted on 1st March, in the Entrance Hall of the Medical School, the Dental Department and the Students' Club, and in the Colonnade. The Nomination List will be posted in the Entrance Hall of the Students' Club from 1st to 8th March.

GAS SUPPLIES

Unfortunately, perhaps, Guy's and the Evelina are both supplied with Town Gas only; hence any references in the mass media to Natural Gas is of no relevance. All users are urged to be particularly careful in view of the recent damage to the Laundry.

VISITING PROSTHODONTIST

Professor Bernard Levin, head of the Department of Removable Prosthodontics at the University of Southern California, is visiting the Department of Dental Prosthetics at Guy's for a two-month period. During this time he will participate in the teaching programme and it is hoped that this will be the first of a number of such exchange appointments between this department and various American Dental Schools.

NOTICE

GUY'S HOSPITAL RUGBY CLUB

are holding their

ANNUAL BALL AT QUAGALINO'S

on

THURSDAY, 15th MARCH, 1973.

Double Tickets are readily available at £7.50 from

M. L. V. Portelly or K. Rigg, East Wing or by application to the Editor

Symposium on Medical Education

T. J. Goulder

In December of last year, four students from different years at Guy's went to a weekend conference on Medical Education held by B.M.S.A. at Nottingham University.

The conference was designed to increase the awareness of current ideas on Medical Education for selected students from every Medical School, numbering about 150 students in all.

The conference was based on group discussion sessions, each group was composed of students from a wide variety of schools. Each session was followed by a general discussion.

The initial session consisted of comparing and contrasting the curriculi of the represented medical schools. It soon became obvious that this was futile since each school had widely differing courses hence endless discussion would never reach a constructive conclusion.

This result was apparently the aim of the organisers to clear the way for group discussion on the concept of teaching by "learning objectives". The work of the subsequent two days was concerned with the value of "learning objectives" and their definition in the context of a medical curriculum.

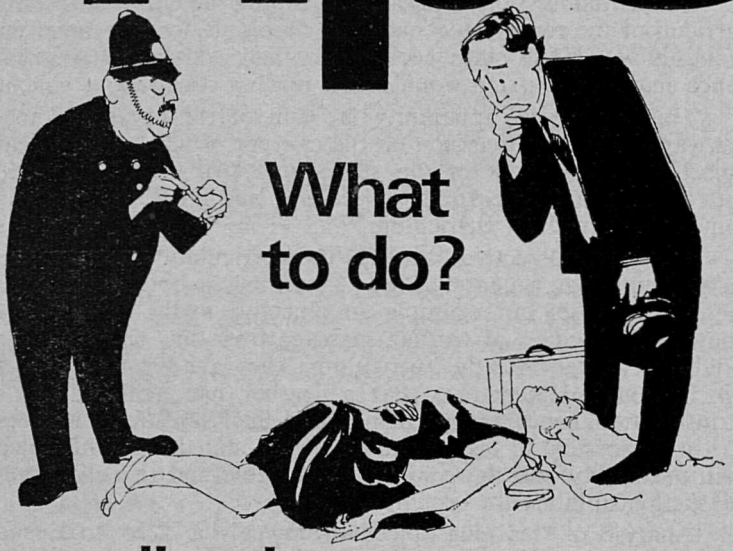
"Learning Objectives" *state* in the curriculum what students will be able to do as a consequence of learning in both a practical and theoretical sense. For example an objective might be that students know the principles of cardiac massage thus this specific objective would be written into the curriculum. They are formulated in terms which would demonstrate that a learner has achieved the goals of instruction, hence precise definition of the "objectives" is necessary. If it is impossible to test a student by the stated "learnng objective" then the reality and the goal is questionable and the utility and the instruction dubious.

Analysis of "learning objectives" reveals a need to distinguish between multiple "learning objectives" and to choose appropriate instructional methods for different types of "objectives" e.g. attainment of practical or theoretical proficiency.

"Learning objectives" can be used to guide the context and method of instruction, as a method and feedback on the effectiveness of the teaching and as a test of the learning ability.

It seems that educational "objectives" can still arouse hostility amongst teachers. This is easy to understand since "learning objectives" ensure that goals and teaching are unambiguous and thus failure to attain stated "objectives" can be identified, e.g., gaps in instruction, incorrect method of teaching, inadequate preparation before entering the course. Hence many teachers feel threatened on encountering this system. Arguments put against "learning objectives" are that they limit the teacher's work, that attainment of many goals cannot be measured and that best teaching is characterised by spontaneous rather than predetermined events.

mps



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These arguments arise from a basic misunderstanding, for in organising any learning system it is clear that there is the intention of bringing about change in the students. If these changes were unpredictable there would be no reason for adopting one system rather than another. It is in order to introduce greater effectiveness over the means of making changes, to make it possible to modify these means and to alter the whole direction of the course, if necessary, that this system is used.

By the end of the weekend most of the delegates felt that they had gained valuable knowledge of a worthwhile system, albeit that they felt engineered into drawing the conclusions that the organisers wanted. The hope is that the students from each of the Medical Schools will be able to influence these curriculi in a constructive way or, even better, initiate reform in curriculum design.

GUY'S DIARY

MARCH

2	Fr	1.00 Clinical Lecture. Professor J. C. HARVEY Professor of Medicine JOHN HOPKINS "Myotonic Muscular Dystrophy".
6	Tu	1.00 Clinical Lecture. Mr. ROSS "Examination of the Heart".
8	Th	1.00 Clinical Lecture. Dr. GRAHAME "Gout, pseudo-gout, cystinosis, haemochromatosis".
9	Fr	1.00 Clinical Lecture. Mr. LAWRIE "Appendicitis".
12	M	1.00 Clinical Lecture. Mr. TOMKINSON
13	Tu	1.00 Clinical Lecture Dr. GRAHAME "What is Rehabilitation?"
15	Th	1.00 Clinical Lecture. Dr. PARSONS "Poryphyria and carcinoid".

NOTICE

The National Health, by Peter Nichols, will be performed by Guy's Hospital Theatre Club from 19th-23rd March. Further details will be published in the *Gazette* or may be obtained from M. Rose, Department of Haematology.

GUY'S HOSPITAL DENTAL SCHOOL

Annual Clinical Meeting, 3rd March, 1973

(10 a.m. — 12 noon and 2 p.m. — 4 p.m.)

PROGRAMME

LECTURES

Anatomy Lecture Theatre, Medical School

11.45 a.m.	"The Future of Dentistry in the Re-Organised National Health Service".	Mr. G. D. GIBB
2.15 p.m.	Cases you have sent	Professor R. A. CAWSON

OPERATING SESSIONS

***Theatre No. 1. (First Floor, New Guy's House)**

10.00 a.m.	Removal of a cyst	Mr. R. C. BRET DAY
	Anaesthetist:	Dr. M. W. POTTS
11.00 a.m.	A Dental Operation	Mr. D. H. GIBB

*This is a domed theatre and visitors will not need to change into theatre attire unless they enter the theatre.

Dental Department

Ground Floor ... ...

X-RAY DEPARTMENT

Normal shadows and some abnormal ones (morning only).	Dr. F. L. INGRAM Mr. A. R. NKURUKENDA

DEPARTMENT OF PERIODONTOLOGY AND PREVENTIVE DENTISTRY

Demonstrations

Treatment planning — periodontal and preventive aspects	Mr. F. P. ASHLEY Mr. D. W. MACFARLANE Professor M. N. NAYLOR Mr. R. F. WILSON
Disclosing agents	Mr. G. JOSEPHS The Hygenienists
Simplified periodontal charting for general practice	Mr. P. J. KERR
Periodontal treatment under relative analgesia	Mr. P. N. ADAMS
Topical fluorides	Mr. P. J. MAINWARING

Tape slide demonstrations

Preventive aspects of restorative dentistry ...	Professor R. D. EMSLIE
Sliding flap procedure	Mr. C. W. WINNING
Apically repositioned flap	Mr. R. K. F. CLARK
Introduction to periodontology	Mr. R. G. YUILL

ORAL SURGERY AND CASUALTY DEPARTMENT

CASUALTY DEPARTMENT

Diagnostic quiz: Cases seen in dental casualty	Mr. A. E. Green Mr. C. I. Hagger Mr. P. M. O'Driscoll
Tape-slide demonstrations: Oral surgery procedures	Mr. P. M. O'Driscoll
"I'm taking these pills Guv!"	Mr. A. E. Green Mr. R. Rees Mr. D. N. Thorburn
Practical techniques in oral surgery	Mr. A. E. Green Mr. D. N. Thorburn

FIRST FLOOR

DEPARTMENT OF DENTAL PROSTHETICS

Tape-slide demonstrations (in Reception Room)

Tissue Damage and its avoidance	Professor D. J. Neill
Occlusal Rests	Mr. H. W. Preiskel

Table demonstrations

Treatment planning for a partially dentate mouth	Mr. H. W. Preiskel
Minimising the harmful effects of partial dentures	Mr. J. D. Walter
Display of partial denture frameworks ...	Mr. A. W. Baker Mr. W. R. Golder and School Technicians

DEPARTMENT OF ORAL IMMUNOLOGY AND MICROBIOLOGY

Prevention of Dental Caries by Vaccination ...	Mr. S. J. Challacombe
Immunological Aspects of Periodontal Disease	Mrs. L. Ivanyi Professor T. Lehner Mr. M. W. Russell Mr. E. J. Shillitoe Dr. J. M. A. Wilton

DEPARTMENT OF ORAL MEDICINE AND PATHOLOGY

Ultrastructure of Candida albicans (display) ...	Mr. K. C. Rajasingham
An outbreak of sweet-eating among Guy's students: its effect on dental plaque, and the correlation between plaque and caries experience	Mr. M. J. Gleeson Dr. T. H. Grenby Mrs. J. M. Powell

SECOND FLOOR

CLINICAL ROOM 1

Clinical cases and table demonstrations of bridge work (morning only) ...	Mr. A. R. Thompson

DEPARTMENT OF CONSERVATIVE DENTAL SURGERY

CONSERVATION ROOM

Root canal instrumentation	Professor A. H. R. Rowe (in his room)
A new air turbine	Mr. W. A. Vale (in his room)
Technical work for crowns and bridges ...	Mr. Bentley (*Technician*)
Abutment preparations	Mr. J. E. Cardwell
Corticosteroid preparations and the exposed vital pulp	Mr. R. C. Patterson Mr. A. Watts
Construction or working models	Mr. P. Ayling Mr. C. S. Knapp
Porcelain jacket crowns	Mr. D. Howard Mr. I. Nelson Mr. A. Macdonald
Variable impedence apparatus for estimating blood flow in the dental pulp ...	Mr. R. B. Johns Mr. E. C. C. A. Boyd
Impression materials and techniques	Mr. A. A. Robinson Mr. A. K. Cornell
Use of Impredur model material	Mr. I. Stuart
A reconstruction case	Mr. R. H. W. Brodbelt Mr. D. E. Bailey (*Technician*)
Functionally generated path occlusion for crown and bridge work	Mr. J. M. McCormack
Ceramics in bridge work	Mr. T. Pitt Ford
Pins for prevention — A case in point ...	Mr. C. R. Debenham
Clinical preparation and impression for a jacket crown (morning only) ...	Mr. N. A. P. Thompson
Anterior crown restorations in cases of traumatic occlusion	Mr. H. E. P. Grabaskey
Ferrier Class V Gold Foil	Mr. L. R. Cree
Face Bow Technique for Crowns and Bridges	Mr. W. M. Cathro Mr. R. Sharp Mr. A. Kerr
Technical work for bridges	Mrs. C. Edwards (*Technicians*)
Clinical Cases by members of the staff ...	

DENTAL MATERIALS RESEARCH

The Economics of Dental Materials	Dr. D. Brown (Conservation room)

DENTAL CLASSROOM

A programme of dental films and tapes ...	Mr. R. A. Ellis Mr. B. D. Glynn Miss J. M. Hodgkin Mr. A. D. Robinson

DENTAL DEPARTMENT FOR CHILDREN

Extractions in the prevention and treatment of Malocclusion (morning only) ...	Mr. K. E. Pringle Mr. H. Richards Miss L. Sayles Professor W. J. Tulley Mr. L. A. Usiskin
Orthodontic bench with folding welder (morning only)	Mr. R. T. Reed Professor W. J. Tulley
Use of extra-oral anchorage (morning only) ...	Mr. I. G. Crossman
A new method of restoring fractured incisors ...	Mrs. E. C. Jaffe
Topical preventive measures (morning only) ...	Mr. J. Osborne
Dental care of the handicapped child (morning only)	Mrs. D. Pool Mr. P. Pearson Mrs. L. Reeves
Extractions in the prevention and treatment of Malocclusion (afternoon only) ...	Mr. A. C. Campbell Mr. J. Metcalf Mr. D. Orme Smith Mr. R. T. Reed Profesor W. J. Tulley
Topical preventive measures (afternoon only).	Mr. J. Osborne

Our technical staff will be available throughout the day to discuss appliance repairs and other techniques.

DENTAL PHOTOGRAPHIC DEPARTMENT

(See under Conservative Dental Surgery — Dental Classroom).

Tea will be served in the Cafeteria, East Wing, Guy's House, at 4 p.m.

NOTICE

GUY'S HOSPITAL DENTAL DINNER

The Annual Dinner will be held at the Park Lane Hotel on 3rd March, 1973.

Tickets, at £4.00 (Students £2.00), are available from Miss Geraldine O'Connor or Miss Fiona Marsh, c/o Dental School, or by application to the Editor.

Laing, Computers, and Mental Disease

Derek Stubbs

Laing and Revolution

Dr. R. D. Laing is a psychiatrist and philosopher whose theories are currently enjoying much popularity among intelligent liberal laymen. His basic thesis seems to be that mental illness is a stress response to a sick society. He would go on to say that psychotherapy should begin with the family and society of the mentally ill patient. He denies any primary cerebral disorder in mental illness but uses a computer analogy: that if a brain gets a "scrambled" input then it must give a "scrambled" output. In a conversation with Dr. Laing's close associate, Dr. Aaron Esterton, I was amazed that he denied that any physiological changes occurred in mental disease other than those purely secondary to stress. His theories of course exclude the use of any physical treatments (drugs, E.C.T., lobotomies, etc.) in mental disease.

Why are Laing's theories so attractive to liberal thinkers? Well basically it is a condemnation of our present society and lifestyle. The social revolutionary may point to Laing's ideas as scientific justification for a liberal change — not only in psychiatry but also in society: "Our society is so bad that it drives people mad". One finds in discussion with liberal thinkers that they are not willing to accept a physical explanation for mental illness since they feel it negates a supposedly powerful and scientific argument. They often repeat unrealistic and inaccurate stories about physical treatments in mental disease. Until Laing and Reich, the left-wing intellectual preferred the clinically sterile theories of Freud to a more scientific approach.

What are the facts? Laing's ideas have no theoretical basis and have not been subjected to the acid test of a controlled clinical trial. Laing is an extremist and one is not inclined to trust extremists. The average psychiatrist has, by sensibly adding drugs and physical treatments to his humanity, substantially reduced the number of long-stay mental patients and increased the diagnosis and treatment of minor mental illness.

Firstly, I want to examine the case for the physical basis of mental illness and secondly, following Laing's computer analogy, I wish to propose another which may help in the understanding of mental illness.

The Physical Basis of Mental Illness

Mental illness is a disorder of "the Soul of Man". The soul is such a difficult thing to grasp or measure that it has long been accepted as ethereal or separate from the body. Lobotomy does not need to be performed under a general anaesthetic, and so as to avoid excessive brain damage the patient is questioned to assess his state. The surgeon once said to the schizophrenic patient: "What can you feel now?"; the patient replied: "A knife is going through my mind". There is

much evidence to suggest that the mind is in the brain; there is no evidence to the contrary.

In general the evidence that mental disease is a physical disease is confined to the psychoses. The neuroses (minor disorders with patient insight) are generally agreed to be due to maladaptive learning. The classic experiment is that of Pavlov where he conditioned a dog to react in one way to an ellipse and another way to a circle. He gradually squashed the ellipse until it became so like a circle that the dog could not distinguish between the two. This led the dog to a conflict situation; the poor animal had a nervous breakdown with the behavioural and autonomic features typical of a human being in such a situation. Neuroses, being due to adaptively incompatible learned responses, are susceptible to relearning therapy such as graduated or sudden desensitisation to a feared thing or situation or the use of Classical or Operant conditioning e.g. aversion therapy or counter-economy socialisation. A list of references on behaviour therapy are given at the end of the article.

Psychoses are serious disorders in which the patient lacks insight. Evidence that they are due to physical cerebral disorders is increasing. Whilst some doctors will accept that trauma or metabolic derangements will cause psychological disturbances, they will accept nothing other than a psychosocial explanation for the classic psychoses. The brain, unlike other organs, does not need to show any structural or metabolic changes for its function to be grossly disorganised; its wiring and microfields are so hypercomplex that the smallest of organisational changes can cause a major functional change. Let us look at the evidence in general. *Firstly*, depending on the given disorder, these patients are clinically or chemically different from controls. The objection that these changes are due to institutionalisation etc., are no longer tenable. Also it is probable that all the patients of a group labelled with a given condition do not have the same chemical idiosyncrasy due to the inability of clinical psychiatrists to find an aetiologically homogenous group of patients (Kendall, R. E. *Brit. J. Hospital Med.*, August, 1971, 147). *Secondly*, there is good evidence for hereditary predisposition in some of these disorders. Separately-raised-twin studies refute the objection that this is the influence of nurture rather than nature. *Thirdly* physical treatments are having a beneficial effect on many of these patients. As our understanding becomes clearer it is apparent that these methods are not just symptomatic but in some cases are actually attacking the primary lesion.

Rather than plough through the evidence for psychoses being physical disorders I have compiled a list of recent references (at end of article) which the reader may investigate and judge for himself. It covers such disorders as schizophrenia, manic-depressive psychosis, depression, anxiety states, anorexia nervosa, habitual aggression, compulsive sexual deviation, uric acid and porphyrin metabolism.

Computers and Mental disease

Let us for a moment think of the brain as a computer-like system. In the past von Helmholtz likened the central nervous system to a telephone exchange and it is commonplace to think of the heart as a

pump or the skeleton as an engineering structure.

Registers: Hierarchies of inputs to the nervous system converge to and are displayed on a current register (read-out module, consciousness). These inputs pass into a decision module and are also put into a short-term storage register (short-term memory) and perhaps later into a long-term storage register (long-term memory). It is possible to externalise these three registers with a pencil and paper for short notes and arithmetical calculations or books and tapes for long-term memory. In effect the registers available to the human brain both internally and externally are almost infinite in their capacity e.g. The British Museum Library.

Inputs and Models: What are the sources of the input to the current register? Well, firstly they may come from outside the brain in the form of sensation: vision, hearing, smelling, touch and internal sensors (some of which bypass the current register and so are unconscious "sensations"). The receptor passes the information to the receptor encoder where perception and pattern recognition occurs. The brain par-excellence is a pattern recogniser. From all this infinite afferent information it can abstract a meaningful pattern i.e. a pattern which can be ascribed to a specified class. It is apparent that the brain is continuously proposing and testing hypotheses about this information input until it can assign it to a model. A model is, partially, a meaningful pattern which the brain extracts from the input information in order to adapt maximally to the external environment. A second class of inputs to the current register may come from inside the brain. They may be retrieved from the short-term or long-term storage registers. Thirdly the brain like any other information handling system generates some noise, i.e. unwanted signal, due to random cortical discharges. If sufficient noise is generated and the information is adequately filtered then a useful input occurs to the current register. Such noise allows the poet to "deduce the Universe from a dewdrop". Indeed, theoretically, this noise is an almost infinite source of information since it is a factorialised combination of all the stored and *en passant* information in the brain. In summary then the information available to the brain is almost infinite but much of this information is ascribed to models.

Operators: Once an encoded input is on the current register an operation is performed on it by the attached decision module to produce an output. An operator (programme) is just a rule which when applied acts on an input to perform an output. For example the operator performs on the input "wild lion" the output "run away" or "shoot" or the input "5 times 17" gives the output "85". Thus there is a vocabulary of operators and a second vocabulary of when to apply these operators. Some operators always give the "right" answer; these operators are called algorithms. Other operators are useful rules of thumb which usually give the "right" answer; these operators are called heuristics and are very important in human decision-making. By suitable chains and hierarchies of operators very complex operations may be performed. Indeed the human brain can perform such intricate and varied operations that we may say it is a

universal operator; it is able to give an adaptive output to any input provided it is working correctly (healthily) and has an adequate operator vocabulary (i.e. knowledge, intelligence, experience). The internal operators of the brain may be externalised just like the registers so that with the aid of computers or slide rules further more complex operations may be performed. It can be seen from what was said before that a model is a particular integrated hierarchy of operators which extracts the meaningfulness of the input and defines the optimal response. The better the model, the better we adapt.

Outputs: After an input has passed through the receptors, receptor encoders and decision module, with its current register and "read out" to consciousness, where the response is defined, it is diverged down a hierarchy of effector decoders to individual effectors. The response "run away" has to be translated into movements and the movements must be translated into individual muscle responses. Again the number of effectors is enormous and their various combinations give human behaviour an almost infinite number of responses.

In summary then we have a picture of the human brain as a system which potentially has an infinite input, an almost infinite storage capacity, and is a universal operator. One would expect such a device to have a highly efficient adaptability index. Why does the brain not live up to its expectations?

What is a mental disorder in terms of our computer analogy? It is simply a recurrently inappropriate output i.e. non-adaptive behaviour. Everyone, and every machine, is allowed one mistake but when they continually repeat it, even when the input is suitably modified, then something is wrong.

Disordered external input: The external input may be unreliable (i.e. unpredictable) so that models cannot be built or it may be so excessive as to flood the decision making module. The result is a breakdown in adaptable behaviour. We have subjected the brain to stress. Now we are back to the beginning question of the essay: Can stress cause mental disease? Stress has been shown to increase the cure rate of schizophrenics whereas it is possible to Induce Psychoneuroses by conditioning with Stress (IPCRESS), or at least to conditionally reinforce psychoneurotic behaviour, but the disordered behaviour is usually reversed when the stress is relieved. I give some references to stress and mental life at the end of the article. My opinion is that stress may cause a breakdown (e.g. Battle-fatigue neurosis) but that people with pre-existing mental disease are the group which are hypersensitive to stress or do not recover when stress is reversed. A healthy brain can stand up to the pressures of everyday family-life and Western Living. The brain may react to this disordered/excessive input by ignoring it or minimising its effect; withdrawal in the psychotic; alcoholism, drug addiction, or escapist occupations in the more normal brain.

Deficient external input: If the input carries insufficient information or a developing child is not given explicitly the operating rules of life then model building will be inadequate. Let me quote Jerome

Kagan: "Socialisation is essentially the acquisition of the rules of social living. This process is important not only because it provides for a more harmonious society but also because it gives the child rules to reduce the uncertainty of each day" (Personality Development, H.B.J. Inc., New York, 1971). The result of someone with inadequate models is the social inadequate or delinquent: the petty criminal, the vagrant, the half-way house tenant. These people have not been taught the operating rules of social intercourse. Possibly, as I shall discuss below they just do not have the capacity to form such complex models; whether their problem is due to upbringing or innate capacity is still being debated but it is noticeable that "social maladaptability disease" is strongly familial. Even intelligent people find themselves anxious and demonstrate inappropriate behaviour when they are in a situation where they have no models or relevant information.

Excessive cortical noise: Creative thinkers generate a lot of cortical noise; they become geniuses if they filter the wheat from the chaff; if they cannot filter effectively they cross that narrow barrier between genius and insanity. Cortical noise may be that much greater than external inputs e.g. in sensory deprivation experiments, the sleeping-waking state, epilepsy, migraine, hallucinogenic drugs, or schizophrenia. The results are hallucinations, delusions, and derealisation states. It may also be that these disorders are due as much to defective filtering as excessive internal noise generation. In this context it is interesting to speculate if introversion/extroversion is a function of cerebral noise filtering. The Introvert is preoccupied with internal thoughts and he avoids excessive external input which stirs up his cerebral noise. The extrovert "speaks his mind" and is more outgoing, self-gratifying, and less repressed. He gets drunk more readily since he cannot suppress (filter) the noise released by the alcohol depressing his filtering ability.

Deficient model building: Given that the inputs to the decision module are adequate, a further source of disorders lies in the library of models that the decision module has painstakingly built over the years of life. Firstly (Phylogenetically) the human brain was born in a situation of desperate survival struggle needing rough and ready, make or break models. Decisions were of a life and death nature and had to be made readily, arbitrarily, and finalistically; no arguments could be tolerated. We still have this deficiency in our model structures. Things are seen as black and white with no shades of grey. Whole classes of people or things are praised or condemned by the prejudicial mind. In so many aspects of social, political, or economic life decisions are governed by black-white sentiment rather than quantified reasoning. The primitive model-making apparatus in our skulls still needs external registers and operators to make valued judgment or multifactorial decisions; yet still we try to make such decisions using our intracranal machinery and so-called intuitive reasoning. Just pick up any newspaper. In attempting to explain the misplaced aggression of modern man Aldous Huxley once wrote: "On the physiological level I suppose the problem is linked with the fact that we carry around with us a glandular system which was admirably

adapated to life in Paleolithic times but is not very well adapted to life now. Thus we tend to produce more adrenalin than is good for us". (Control of the Mind, Farber and Wilson ed., 1961). In the same way we may say that the internal model building of Man-Apes was justifiably simple but is there any need to stick to such demonstrably unadaptable models in the mid-Twentieth century? Secondly (Ontogenetically) it would seem that intelligence and adaptability to a novel situation are well correlated. This would explain, as I mentioned above, why maladaptive people generally have a low I.Q. They just do not have the cerebral equipment to build adaptable models. Even a person with the average I.Q. of 100 is not employable except in a position where he is supervised. Thirdly (Degeneratively) as we get older our model-making ability deteriorates. We find it less easy to make new models and our existing models become more intransigent and less plastic. We seek situations where our models work — nostalgia. We avoid areas where we have no models—fear of the unknown. Like the fanatic we stop our ears to contrary arguments. Like the neurotic we avoid pain rather than seek pleasure, in case our equilibrium is upset. While the older or low I.Q. person functions adequately in a fixed environment they find it difficult to build new models of the outside world in a new situation. They adapt poorly. The failure rate at driving tests increases with age. Their models are simplistic and fixed. When asked what percentage of young people are drug addicts the estimated percentage increased with age until all people over 70 think that all people under 20 are drug addicts. Fourthly (Psychotically) the decision module with its operators, operating vocabularly, and library of models may just go wrong due to component failure. Speaking biologically, the causes may not only be degeneration, infection, tumour, trauma, poisoning and so forth, but also the ultramicroscopic biochemical lesions whch cause the subtle changes in membrane potential and neurotransmitter metabolism that are probably the basis of the psychoses, as the references given are intended to show. However, some of these conditions such as schizophrenia or severe disorders of instinct and personality do not involve the whole cerebral machine. With behaviour therapy (see references), especially operant conditioning, it is possible to get the healthy part of the brain to take over the function of the disordered part and to suppress the activity of that part. Quite probably the modern psychoactive drugs function similarly or by directly or indirectly resetting neuromembrane potential.

Conclusion: This analogy of the brain can be developed even further and has been shown to explain déjà vu, jamais vu, fugue states, dreaming, consciousness and mood; computer programmes with intelligence and personality are now commonplace. The analogy is by no means complete but is itself a model on which we could hang our thinking. Basically I hope to have shown that the brain functions as a collection of storage and display registers with converging hierarchies of inputs passing through encoder-compilers to reach a central decision-making module which has operating programmes collected into integrated groups functioning as adaptive

WHAT ARE DOCTORS

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To help you, there will be a qualified staff on board. And your medical quarters will be small but modern and well equipped. (In some cases, including an operating theatre.)

Your practice, however, won't be confined to your ship. If there's a natural disaster anywhere within a thousand miles, you could get involved in relief work. If there's an accident at sea, you could be taken to it by helicopter.

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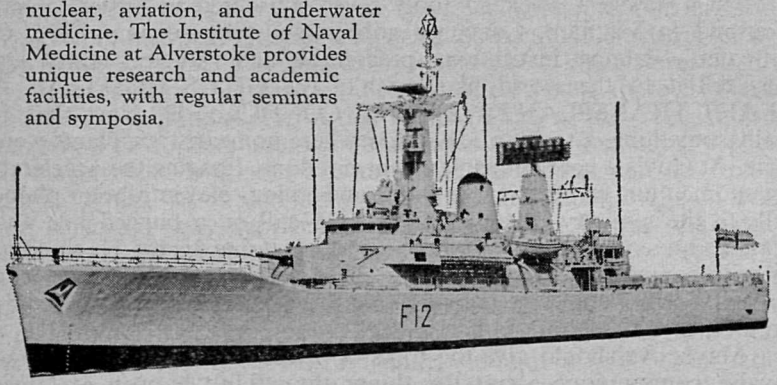

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RN
ROYAL NAVY

decision procedures called models. I also hope that the reader will see how mental disease is primarily an internal disorder of informaton handling rather than a condition purely due to disordered information input. By thinking of mental disorders and all unadaptive behaviour in terms of the many black boxes and connections inside our brains rather than blamng our environment and treating the brain as a solitary black box we may make our model of our cognitive and feeling apparatus that much more adaptable. By thinking how we think and dis-think we may improve the quality of our thinking.

A complete list of references may be obtained on application to the Editor.

The Heart of Guy's

Guy's man or not, it does the spirit good to see the old place in the nation's eye. During the weekend 3rd-4th February, no heart transplants were conducted at St. Thomas', The London, Hammersmith, Middlesex, St. Mary's or Kettering General Hospital. *The Times* and *Express*, Monday morning fresh, cast a searching scrutiny through a newsless weekend (only seven murdered in Ulster, a few thousand in Vietnam, Concorde gobbling up the economy like an ant-eater — almost institutions, predictable and valueless news) and they tell it to the world like it isn't: AT GUY'S HOSPITAL A HEART TRANSPLANT WAS NOT CONDUCTED. Now that is really something, a touch of class. Elsewhere no heart transplants were done. At Guy's a heart transplant was not done. Imagine the accelerating momentum of decision, coming and going, eleventh-hour phone calls to the ministry. "Scoop" picks up a call on a bugged line and hears an under-secretary to someone or other doing his bit. He screams off with cameramen in beat-up Porsches and they do the Dolce Vita up and down the Guy's colonnades all weekend. So news is made from oh so little. Wrap up fish in that.

Maybe we should give the folks up Fleet Street a more comprehensive communiqué about the things that didn't happen at Guy's over the weekend in question:

Hunts' House was filled from top to bottom with toothpaste, squeezed from a giant tube by a troll, who was furious with Sister on Miriam for telling him to put on his slippers before going into the corridor to yawn.

A patients' action group led by Egon Ronay invaded the kitchens and shredded the chef into a fricassee, for serving food which displayed contempt for human suffering.

Eight hundred medical and dental students spent the weekend discussing the contributions of Schopenhauer to their thinking whilst the remainder drove coachloads of old age pensioners to Margate for a day by the sea.

Well, no wonder we were all so exhausted that the superintendent ordered a half-day for everyone on 1st April, when Her Majesty the Queen will not be coming to open the laundry.

M.S.R.

NURSING

The New Pay Proposals

News has been released within the last few days, of the intention of the staff side of the Whitley Council, to submit a claim for salary increases for nurses to the Management side. This claim is based on the revaluation proposals which were first made one year ago, plus an increase of 15 per cent, to cover inflation during the interim.

The original proposals suggested a complete restructuring of the salaries of nurses, and negotiations which commenced some months ago regarding these were subsequently terminated.

The new proposals do at last give better consideration to the Ward Sister, but one still feels that it is not sufficient. Everyone pays lip service to the "wonderful" work done by these people, and state that they are the backbone of the hospital service, but, when any suggestion of greater recognition is made, there is a marked resistance to this, noticeable amongst those in nursing who are above the level of the sister. This is of course something of a paradox, since it is these more senior people, who are most dependent on the Ward Sisters in their work. It is also by these senior people, that the sisters are feeling usurped. No pay claim can be considered adequate, until the number six grade is completely boosted to a higher level.

Apart from the question of the Ward Sister, there is another most disappointing aspect of this claim. That is the request for a reduction in working hours to 38 per week. There are very few people in nursing who wish to work any less time. Those that do, are, for the most part, extreme militants, without whom the profession would not be in any way deprived. Any Ward Sister who has the task of compiling off-duty rotas, will be most unhappy at this suggestion. The situation is not only becoming unworkable, but absolutely dangerous, and the people who will suffer as a result, will be the patients. Furthermore, if the number of working hours continues to drop by two annually, all the nurses will be either without a job, or on permanent overtime, within twenty years. The current obsession with not working, has reached ridiculous proportions, and as this continues, the sickness rate of the frustrated population will increase steadily. Do the Whitley Council really wish to pay their staff on a basis of continual overtime? Why can they not be realistic and adopt a more forward looking attitude, rather than merely living in the present?

Why cannot the vast majority of the profession be asked their opinion, instead of that of only a few noisy individuals being taken into consideration. Nurses undertake to do this work knowing that strict hours cannot be observed. Why cannot their remuneration be assessed in this light? No other profession is restricted to working definite hours, but work those which are necessary in order to fulfil their responsibilities adequately. Why then cannot the nurses be treated in the same manner, instead of being regarded as workers on a production line, who are able to clock off at the end of a shift, as if there were nothing other than machines for which they were responsible?

CORRESPONDENCE

Fluoridation

SIR,— I consider that Passim of 2nd December, devoted to fluoridation and dental disease, was extremely interesting but in some ways not a balanced article. There is no doubt that dental diseases are very widespread — do we not all suffer from them? — but they are not "killers" and in 36 years of dentistry although I have seen many in great pain and very ill, I cannot recall any patient in my care dying as a result of dental disease.

The two "mainstream" dental diseases, caries which is of dietary consequence, and paradontal disease, which is the consequence of unhygienic conditions in the mouth, abet one another — the reduction of one will significantly induce a reduction in the other.

Fluoridation methods aspire to reduce caries and the fluoridation of water supplies would greatly reduce caries in very young children, where it is saddest to see most difficult to treat and when the loss of deciduous teeth has the greatest effect on the regularity of the permanent dentition.

Fluoridation of water supplies would be marvellously beneficial to young children and, in the absence of proof of toxic effects of such a measure, it is difficult to understand the ethics of those who deny its benefits to them. It amounts, in my opinion, to a conspiracy of wickedness against young children.

But fluoridation is not the whole answer. It must be complemented with education regarding dietary habits and oral hygiene. A result of fluoridation may be that the necessity for dietary vigilance is masked and neglected. The dietary conditions which induce caries induce other more serious diseases so that this is not a purely dental problem.

In the area in which I work I see many young children who are caries free and many with very little caries. This is the result of parental knowledge and the application of that knowledge to preventive dental care. This shows what education has done and could do on a mass scale, if extended, to improve the dental and general health of children. I cannot agree that fluoridation is the only effective means available to reduce caries. It would be a great boon but should be regarded as secondary and complementary to the main problem —that of reversing the prime causes of dental diseases in children by education.

That dentists spend 95 per cent (or thereabouts) of their time in treating disease rather than preventing it, is because this is the basis of their training, this is what is required of them by society and this is the basis of their remuneration.

Yours faithfully,

SURGEON REAR ADMIRAL W. I. N. FORREST, C.B., (Red.).

16, Queen's Road,
Waterlooville, Hants.

Reply From Editor

[The Passim of 2nd December was not devoted to the very wide topic of dental disease but to one aspect of it — fluoridation.

In no way did I attempt to cover the whole subject and of course the issues of dietary habits and oral hygiene are of extreme importance. Fluoridation may well not be the whole answer but education on oral hygiene often misses or is deliberately ignored by those who need it most and whose only appearance at the dentist's surgery is for emergency treatment.

Fluoridation may be regarded as a treatment. It would surely be illogical to withhold treatment from a chronic bronchitic because our education regarding smoking had failed, just as it is illogical to withhold fluoridation from those who we inevitably miss in our Dental education].

Shaggy Dog Tale

SIR,—It is indeed disconcerting for the public to see nurses — both student and trained — travelling to and from their hospitals in scruffy and untidy outdoor uniforms. For this reason certain hospitals are withdrawing their outdoor uniforms and asking their nursing staff to change clothing on the hospital premises.

Why should the public still be presented with the horrific sight of nurses dressed in a mixture of hospital uniform and their own clothes? I cannot believe nurses are a rebellious anti-authoritarian group of individuals. For would they not have revolted before this present time and over far worse restricting and archaic rules? Surely this disobedience must point to some fault in the hospitals themselves. It would be very interesting to observe the reactions of the public if they were to visit the changing-room facilities provided at certain institutions. Can 600 student nurses be expected to use a badly-lit and cold basement as a changing-room? Can they be expected to ruin the few clothes they possess in dirty, poky lockers? Do they only deserve three mirrors and one wash-hand basin? Dustmen are provided with showers — why not nurses? They, too, dispose of waste refuse throughout the day.

The hospitals are rendering a disservice to their nursing staff if they cannot provide warm, spacious and modern changing facilities. If they are incapable of looking after the hygienic welfare of their staff, we must ask ourselves if they are capable of looking after their patients.

Yours faithfully,

FOUR SCRUFFY, REBELLIOUS, UNWASHED STUDENT NURSES.

66, Breakspears Road,
Brockley,
London, S.E.4.

[Whilst anonymity may be desirable to the authors of the recent nursing letters it does make the compilation of the editor's address book somewhat difficult, whether they should be listed under F for Frustrated, S for Scruffy, or N for Nurses is no easy decision. — Ed.].

Food and Wine Society

SIR,—Thursday, 15th February, saw a hospital tradition continuing, for, in the evening at Guy's, the University of London Wine and Food Society held its annual tasting competition. The society has always been associated with the hospitals but in recent years has grown to include other colleges of the University.

The competition was given by Mr. Derrick Palengat, the director of Sherry House Limited, a famous importer of Calvet wines. In all, twelve teams competed for the "Calvet Challenge Cup", a beautiful silver "TASTEVIN".

The prize was taken by Graham Burke and Adrian Weiss of the Royal Dental Hospital who, together, had the highest team mark. On the individual basis Guy's did better, but we lacked a second member for the team until Miss Philippa Palmer, one of our nurses, courageously stepped in to "have a go". Philippa teamed with Neil McLeod, the society's President, to at least put Guy's amongst the winning teams.

We are hoping to have much stronger support from Guy's in the future.

Yours faithfully,

68, Wentworth Dwellings, E.1. NEIL STUART MCLEOD.

Shelter

SIR,—On behalf of the organisers of the Shelter lunch held in the North Lounge on Tuesday, 30th January, I would like to thank all those who came for their most generous support, as a result of which, £14.72 was raised for the "Shelter" organisation.

It is hoped to hold another similar lunch at 12—2 p.m. on Tuesday 27th February, in the North Lounge of the East Wing when, again, a range of refreshments will be available, and when again, all money received will go to Shelter.

Yours faithfully,

East Wing, Guy's Hospital. PETER MURDOCH.

London Medical Group

SIR,—At the recent London Medical Group annual conference on perinatal care, it was all too obvious that this hospital was under-represented. Only ten of the three hundred students present were from Guy's and the professional body failed to produce even one of the sixty-eight in attendance. It is a sad reflection that this should be so in a gathering led by such eminent men. I would be pleased to hear any comments upon or explanations of this apparent apathy. One hopes that this regrettable state of affairs may be avoided next year.

Yours faithfully,

GERARD ROBBINS.

East Wing, Guy's Hospital.

Creche Course

SIR,—Are there others in the Hospital who envisage banishment to the suburbs indefinitely concurrent with the otherwise happy event of starting a family?

And how many leave young children in nurseries which are inconvenient to get to each morning and a rush to get back to in time for each night? I cannot be the first who has thought of a Creche at Guy's.

We need a little integration,
To introduce this innovation
A list of names is all we need,
With which our cause can then proceed.
For who would help us rent a room,
And Hospital funds and time consume,
To help us build a Creche for no one;
We need to build it up for someone.
(To the reader) If you would use a Creche each day,

Then write a letter in and say
Alone there's nothing we can do;
We need a little help from you.

Yours faithfully,

MRS. E. ABDULLA.

Department of Pathology,
Guy's Hospital.

Rose Ball Report

SIR,—The provisional booking for the 1973 Rose Ball was at the Savoy Hotel where the Ball has been held for the last few years. However, as I explained in a letter to the *Gazette* in November, it was discovered that the prices were very much increased from last year and that the minimum charge for a double ticket would have been at least £8.50 to stand a chance of breaking even on the event. As the Hotel refused to compromise in any way and, since the 1972 Rose Ball ran at a deficit which meant that any loss on the 1973 Ball could well signify the end of the function, it was decided that the Ball should be held elsewhere.

The maximum number that the Savoy were able to accommodate in comfort was 400 and we decided that, if possible, the Ball should be held at a larger Hotel. There are very few hotels outside London that are able and willing to cater for a large number of people and it is unreasonable to expect students to travel long distances for a Ball. So it was decided that the Ball must be held at a London Hotel.

After making enquiries at many of the Hotels in London and having visited several, it was discovered that the prices at the Dorchester Hotel were very reasonable and that whilst being able to accommodate 600 people with room to spare, the facilities are among the very best in London. The Hotel is an ideal place for a Ball of this kind and consequently the Rose Ball was held at the Dorchester Hotel on 12th January.

I have explained the reasons for the move at length because I wish to point out that the move was not made "in an attempt to improve last year's standard of food and entertainment" as was suggested in a letter to the *Gazette* recently. I do not think that there has been cause for complaint regarding food and entertainment in previous years, however, I do believe that by being forced into moving the standard did indeed improve.

The cost of a double ticket was £7.75 which covered the basic charge of hire of the Hotel, meal and service. The money remaining was sufficient to pay for the Band. The tickets sold extremely quickly, demonstrating an increased demand from last year, and were limited to 300 doubles. As always there were a few last-minute cancellations and the final number at the Ball was 590 people.

The Ball itself was a great success and hundreds of people told me how much they enjoyed it. There are always some people who set out to find fault and it is quite possible to do so. However, the vast majority of people who attended set out determined to enjoy their evening and judging by their enthusiastic responses I can only assume that they did so.

The Hotel did indeed prove to be the ideal setting for the Ball. The meal and service were quite excellent and the Band and Discotheque were first-class. I should like to thank Mr. and Mrs. Glover who presided as unfortunately Mr. and Mrs. Morris were unable to attend.

From the organisers' point of view the highlight of the evening was the Tombola. This was organised by Jennifer Goodwin and the financial success of the evening was due to her energy and skill in producing such a magnificent Tombola stand. In all, over 400 letters were sent out and Miss Goodwin and one or two other enthusiastic helpers went round most of the local shops asking for prizes. Eventually prizes were received from some 140 different sources and the Tombola stand was composed of 600 prizes, the vast majority of which were donated. Once again I should like to extend thanks to all those who gave so freely towards the Tombola.

On the night £420 was taken in cash from the sale of Tombola tickets. After all the expenses have been paid for, this has resulted in a net profit of £280 on the event which was far greater than expected. This most pleasing financial result ensures the continued running of the Rose Ball which I feel is a very important Clubs' Union function.

Finally many thanks to all those who attended the Ball for their generosity in expenditure on Tombola tickets and their appreciation of the event which has encouraged the organisers to book the Dorchester Hotel for 11th January, 1974, for next year's Rose Ball.

If there are two people in the Hospital who would be willing to help run the Rose Ball in 1974, with a view to taking over responsibility for subsequent years, I would be very happy to hear from them. They should preferable be one male and one female and in their second year at the Hospital.

Yours faithfully,

C. G. LANGDON.

East Wing, Guy's Hospital. *Hon. Assistant Secretary.*

Lonely People

SIR,—There are many elderly ex-Guy's nurses who live alone and rarely receive visitors.

They would be so pleased to see a friend with Guy's connections but are either too modest to ask or do not know whom to ask.

If, therefore, you know of such a person, who you think would welcome a visit, please communicate with me.

I keep a register of Visitors which covers the whole of the country but would welcome the names of any further volunteers who would be willing to be entered in my register.

Yours faithfully,

MRS. ARTHUR FRANKS.

9, Fairacres,
Roehampton Lane, London S.W.15.

NOTICE

GUY'S HOSPITAL MUSIC CLUB

present

THE PIRATES OF PENZANCE

by

W. S. GILBERT and ARTHUR SULLIVAN

on
March 14th — 17th
at 7.30 p.m.

at
DUTHY HALL THEATRE
GREAT GUILDFORD ST.,
SOUTHWARK.

Tickets from:
G. & S. Tickets, Guy's Music Club, c/o East Wing, Guy's Hospital S.E.1.
TICKETS: 60p, 45p, 35p.

SPORT

HOCKEY

1st XI vs. SOUTHAMPTON UNIVERSITY 1st XI

Result: Lost 3—2.

This new fixture proved to be an extremely enjoyable one. The travelling necessitated a relatively early start, which shocked certain players. Fortunately they recovered when N. Matthews discovered the B.R. buffet car (licensed) and excelled himself by leading the pre-match warm up, ably assisted by P. Willmer.

The pitch was excellent and the game started with Southampton attacking. After fifteen minutes they forced a long corner. The resulting cross was well-struck, but failed to score, thanks to M. Selley's feet once more. However, the penalty flick left J. Cottingham completely bewildered and we were 1—0 down.

This goal inspired one of the coolest tactical manoeuvres that I have ever seen in a Guy's team — the left wing was swapped with the right wing. The effect on Southampton was devastating — they scored again!

Guy's settled after this and for the last ten minutes of the first half they were unlucky not to score — with several shots deflected past the posts.

Our attack continued into the second half. We forced a short corner — the following shot was caught by a defender. P. Calvert confidently converted the penalty flick. Now it was Southampton's turn to attack and there followed several narrow escapes, with some fine saves by J. Cottingham. However, they finally managed to score with a narrow-angled shot from their winger.

The last few minutes of the match were highlighted by P. Willmer, obviously inspired by the thought of the beers to follow, scoring an excellent goal, after a drunken-like swerve around the full back.

Southampton's hospitality after the match was extremely praiseworthy and a great time was had by all with Guy's exerting their prowess at various games—Boat race, Clap, Clap etc., concluding the day with a well-deserved moral victory.

Team: J. Cottingham (Capt.), M. Selley, B. Lakhani, R. Hannaford, P. Calvert, P. Duckworth, P. Nicol, P. Willmer, A. Smith, G. Sparrow, C. Hendy. Umpire: N. Matthews.

SPIROCHAETES

Sunday, 21st January. H.O.P. Lost 1—2

This was a game that Spiro's could have won, should have won but didn't. Starting with only ten men, Spiro's attacked strongly throughout the first half, and missed numerous chances. The most notable of these was a cracking shot from Fell, deflected off the bar on to the line, that Matthews, for reasons known only to himself, instead of touching the ball into the goal fell over! Nil all at half time.

Spiro's continued the second half with eleven men, but in the same unfortunate pattern of play. Pagodans then came back with a well-taken goal following a cross from the left wing. Spiro's replied quickly with a classic shot from Willmer following a free hit just outside the "D".

By now, all thoughts of a Sunday afternoon knockabout had vanished, especially from Fell. Pagodans regained the lead and Spiro's began to realise that time and luck were running out. A last effort brought a short corner, which was put into the net by Fell. Unfortunately the umpire (C. H-C.) hadn't been reading his *Daily Telegraph* that week and adjudged Fell to have given "sticks".

A fine display by Spiro's, without the right result. Duckworth, Fell and Phoenix especially, helping a good team performance.

Team:— K. J. Cottingham, G. Sparrow, M. Selley, P. Duckworth, B. Martindale, B. Jones, N. C. Matthews, T. Bayliss, R. C. Fell, I. Phoenix P. Willmer (Capt.).

THIRD XI

Those who, every Friday evening, carefully predict yet another 10-0 defeat for the thirds have, this term at any rate, been disappointed. Whereas in November and December anything less than double figures was considered a moral victory, the two games played so far in January point either to an all-round improvement in the team, greater fulfilment of individual talent or a marked lowering of the opposition's standards.

It was nearly the end of November before we scored our first goal. This was at Gravesend where at 5-0 down at half-time a tactical repositioning of nearly everyone except Bardsley in goal, led to a vast improvement in the game and we only lost 7-1, with Steel scoring the goal. For me at any rate this was the turning point of the season. Steel scored again in the next match, but the final game in December was more reminiscent of sadder times.

The Christmas vacation however seems to have produced a marked change in the structure of the game. Someone, no one quite knows who, stuck upon the idea of passing the ball. This theme was further elaborated when we decided not to use the opposing players as at target for this scheme.

Woking at home was the first match since about late December, 1971, when we actually went into the lead. The forwards of Kingon, Steel, Crozier. Wood and the midfield of Bell, Nicholas and Smith proceeded to gel as a unit and the ability of certain players to change direction, speed, and even the foot with which they finally tripped over the ball was a source of continual bewilderment to both teams.

We were however 2-3 down at half-time. Steel scoring both goals for us. It should be noted at this point that Steel's contributions consist not only of scoring but also of intimidation and injury to the opposition. He went on to complete his hat trick but the final score was 6-3 to Woking.

The following match. again at home to Romford, was much in the same vein with the important difference of being 2 0 up at half time. Scorers were Kingon and Tewater (transferred from the defence) ably assisted by Allen who for once relinquished his midfield role and refereed. In spite of this commanding position, the controlling authority of our much-loved and respected captain Hodgkinson at the back, the powerful 16 hits of a well-known Cranston Roader, we still managed somehow to lose 4-2. Special mention should be made to Bell who played brilliantly at centre-half, and new man Hirji, a valuable addition Bardsley played as dazzlingly as ever and not all the blame for our 93 conceded goals can go to him. (Two games he didn't play).

The team spirit and the talent is there and the moment must come surely before Easter when the thirds must at least draw.

Regular players are— Hodkinson, Allen, Bardsley, Bell, Bennetts, Clapham, Crozier, Kingon, Nicholas, Smith, Steel, Tewater, Wood, Hirji.

A.J.S.S., C.R.

RUGBY

GUY'S vs. PLYMOUTH

Plymouth, 27th January
Won 19-6

With the bitter disappointment of defeat in the Hospitals' Cup game two days before, Guys took the field with an air of despondency and played with little interest for 15 minutes. Slowly, enthusiasm returned and toward the end of the game some players were even seen to smile.

Injury or illness forced a number of team changes but the substitutes were well seasoned players. Having regained their poise Guy's played good open football in far from ideal conditions. The Services opened the scoring with a penalty but by half-time Guy's had drawn ahead with penalties by Fitton and Danford.

In the second half Guy's demonstrated their superior skills by winning the greater share of possession and using it with some fine running. Campbell in the centre made a number of impressive breaks and only some desperate covering by Devonport prevented tries. Eventually he found his way to the line for the first try. Fitton converted without much trouble.

As the game progressed Guy's became more enterprising. Some fluent passing gave Yetton the necessary room to manoeuvre and he scored Guy's second try. Fitton failed with the conversion but kicked another penalty to give Guy's an unassailable lead.

Team:— G. Evans, T. Gibson. R. Bulinson, S. Challacombe, D. Stuart. B. Hagan. N. Allen. H. Holliday, C. MacLoughlan, T. Druett A. Campbell, A. Portelly, R. Yetton, R. Fitton, M. Danford.

T. G.

GUY'S vs. COVENTRY

2nd February 1973. Lost 28—14

Gone were the sombre and dour spirits of a team preparing for Hospitals Cup rugby. With a relatively buoyant mood the hospital faced a Coventry side, which although not their best was still formidable enough. The game, played under floodlights, was enjoyed by the Guy's side despite the final score. The hospital played with relish and as on odd previous occasions they produced the free flowing football that gave pleasure to spectators as well as players.

With every good reason Coventry began with the leisurely approach of the over-confident. In a series of forward rushes Guy's found themselves on the Coventry line within moments of starting. Deprived of vital possession the hospital could not quite capitalise on their initial territorial advantage and Coventry kicked themselves out of trouble.

The strong running of the Coventry backs eventually broke through the Guy's defence and in a short period they scored two goals. On both occasions there was a lapse in the Guy's tackling which for most of the game was decisive and of a high standard. Against a heavier pack the Guy's forwards struggled for possession which, when won, was well used by the three-quarters. Tactical kicking was kept to a minimum and usually the ball moved smoothly along the line giving both wings opportunities. Guy's first try however, came when Evans snapped up an interception and with several forwards on his heels raced down the touchline. A second try was scored by Cook after some clever running by both centres. Danford missed both conversions but kicked a penalty before the interval bringing the score to 11—12.

In the second half Guy's continued to play attractive football and created scoring chances on a number of occasions but the finishing lacked polish and the opportunities were missed. Coventry scored another three times, two of which were memorable by virtue of the skill involved in their creation.

The final movement of the game epitomised the spirit and style of Guy's performance as the hospital forwards ran and passed half the pitch before being halted just short of the Coventry line.

Team: M. Danford. R. Yetton. A. Campbell, A. Cook, T. Druett, G. Owen, M. Phillips. B. Hagan, H. Holliday, N. Allen, K. Rigg, D. Stuart, G. Evans, T. Gibson T. Want.

T.G.

RUGBY

ANGELS vs NATIONAL WESTMINSTER BANK 4th

27th January, 1973. Won: 20—4

The visit to Beckenham was eventful in many respects; not least the miracle that fifteen players played, since several were earlier seen weighing up offers of changing facilities from female hockey players in the same building. A team did take the field, however, and proceeded to establish the sort of lead which we have known all along to be possible. A classic threequarter-line movement from halfway led to Rod Robinson going over in the corner, and soon afterwards some fine forward play, particularly from Will Hutton and Colin Ryan, led to Bob Miller scoring near the posts. Rod Robinson converted.

The Bank were settling down now, and fought back to the Angels' "25" where an unlucky bounce gave Rod Robinson the unenviable marathon trek to the line. Huw Davies' conversion gave the Angels a 16—0 half-time lead.

The second half saw the Bank further rejuvenated, and the referee's decisions stranger. A penalty given against Phil Boyce for crooked throwing into the line-out ("it was the wind, ref!") paved the way for the Bank's try following an incredible juggling display on the way to the line.

The Angels piled the pressure on now, and soon afterwards, on the Bank's "25", Huw Davies was penalised for meeting a tackle with his shoulder down, a decision which brought about muttered doubts as to the referee's parentage. Right prevailed however, and towards the end a scrum near the Bank's line gave Dave Campbell the opportunity to steal over for the final try.

The bathing facilities and social atmosphere afterwards made a good time great, and it was decided to return as often as possible.

Team: Dave Glen, Rod Robinson, Geoff Dunbar, Huw Davies, Phil Boyce, Gerald Edgar, Dave Campbell, Bob Miller, John McCarthy, Charlie Lacey, Bob Milner, Jim Miller, Will Hutton, Jim Mahood, Colin Ryan.

ANGELS vs. LONDON IRISH "B"

3rd February, 1973. Lost: 0—10.

On Saturday, the Angels entertained "the Irish" in a hastily arranged fixture which, it was hoped, would cancel out a defeat earlier in the season. A victory was always in sight, even when the Angels were demoralised by a scrambled Irish try in the corner halfway through the first half, a disallowed try by Dave Campbell emphasised the fact. (Thanks for refereeing anyway, Rex).

The second half opened with the Angels on the attack and only effective spoiling by the Irish could counteract the very good jumping in the line of Will Hutton and the increasingly effective scrummaging of second rows Bob Milner and Jim Miller. On several occasions the Angels were near to scoring again and then a kick and breakaway near the end enabled the Irish to drop a goal from the touchline to go 7—0 ahead. Minutes later a foolish penalty given away under the posts resulted in the final score of 10—0.

Despite this defeat, however, things must soon "click" again and enable this consistently strong Angels' team to end the season with a series of convincing victories.

Team: Dave Glen, Rod Robinson, Ken Rigg, Nana Tsiboe, Phil Boyce, Dave Arnold, Dave Campbell, Bob Miller, John Clark, Charlie Lacey, Bob Milner, Jim Miller, Colin Ryan, Jim Mahood, Will Hutton

ANGELS vs. PARK HOUSE 5th

10th February, 1973. Won: 42—3.

For this fixture the visiting Angels and Artists exchanged opposition and the scoreline reflects this. From the beginning Park House had no answer to the hard straight running of the back row and three-quarters in particular, despite the mysterious monsoon which occupied the player's attention early in the game, and hampered the Angels naturally fluid handling game.

Will Hutton played extremely well after realising that he has the weight and speed to intimidate most opposition — on this occasion his talents produced two tries. Also in the first half, hard running by Huw Davies, Nana Tsiboe and Rod Robinson resulted in a half-time score of 36—0. Two tries were converted by Huw and Dave Glen.

In the second half, Park House woke up and fought back — playing downhill seemed to suit them. On a couple of occasions the Angels' defence was stretched and it needed timely clearances to touch to rescue the situation. After these shocks, the power of the Angels forwards showed through again and after a wonderful piece of second-phase play late in the second half, Huw Davies forced his way over again for his fourth try. This try was duly converted by Dave Glen, who, like it or not, seems to have suddenly established himself as THE place-kicker.

Team: Dave Glen, Rod Robinson, Phil Boyce, Nana Tsiboe, Huw Davies, Gerald Edgar, Nigel King, Bob Miller, John Clark, Charlie Lacey, Bob Milner, Jim Miller, Colin Ryan, Will Hutton, Jim Mahood.

CANOEING

On the first weekend in February, two Guy's canoeists, Gordon Yeates and Barry Jones, brought home three medals between them at the British Universities Long Distance Canoeing Championships at Bath.

Gordon Yeates and Barry Jones both won Silver medals in the team event, narrowly beating Aberdeen by 30 secs. on the 11½-miles course.

Gordon Yeates paddled his best race ever to come 12th out of 20 starters with Barry Jones and his Imperial College companion coming 1st in the K2 class thereby winning Gold medals.

Barry Jones also reached the finals of the Sprints in singles and doubles, coming 3rd in the latter.

Anybody interested in competitive canoeing should go to U.L.U. on Wednesday evenings at 8.00 p.m. where training in skills takes place in the pool.

BOXING

"The Boxing Club, though low on numbers at present has been represented at two shows recently by its new captain, Huw Davies. Huw had his first serious bout at the Belsize Show on 16th November when he stopped N. Esdiaillie (Westminster Club) in the first round. However, in his second bout on 5th December, at the Lime Grove Baths, his inexperience told when he was unlucky to lose to K. Perritt of the St. Philip Game Club in the 3rd round.

The Boxing Club trains in the Pavy Gym at 5 o'clock on Mondays, Wednesdays and Fridays, and welcomes anyone, whether wishing to put on gloves or not, to take advantage of its training facilities and the talents of their long-suffering trainer, Charlie Pocknell".

P.S.M.

CRICKET CLUB

PAST vs. PRESENT

The annual PAST vs. PRESENT Cricket fixture will take place this year at H.O.P. on Saturday, 9th June, wickets pitched at 11.30 a.m.

Any past members wishing to attend this fixture are asked to contact Dr. Ian Munro at Oakwood, Bayleys Hill, Sevenoaks, Kent, (Sevenoaks 54993).

SPORTS DIARY

FEB	24	RUGBY	Exeter	H.O.P. 10.30am
		HOCKEY	Gore Court	Away
	26	SQUASH	R.N.C. Greenwich 1st V.	Home
	27	SQUASH	St. Thomas' Hospital C.C.	Home
	28	SQUASH	Imperial College IV L.	Away
		ROWING	U.L. Head of the River	Chiswick
MAR	1	SQUASH	Middlesex Hospital I L.	Home
	3	RUGBY	Old Alleynians	H.O.P.
		HOCKEY	Pakistan Ind.	H.O.P.
		SQUASH	Start of Cambridge Tour	
		HOCKEY	Pakistan Ind.	H.O.P.
		RUGBY	Old Alleynians	H.O.P.
	4	HOCKEY	Past vs. Present	H.O.P.
	6	SQUASH	North Kent C.C.	Away
	8	SQUASH	Q.E.C.	Away
	10	RUGBY	Nuneaton	H.O.P.
		HOCKEY	Tonbridge	H.O.P.
	12	SQUASH	I.C.I.	Away
	13	SQUASH	C.C. Challenge	
	17	RUGBY	Gloucester	At Gloucester

H.O.P.—Honor Oak Park C.C.—Cumberland Cup L—U.L. Squash League

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st. March, 1973

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame.
Mr. G. R. Barker 3 *months*
Mr. R. E. Clifford-Jones 6 *months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron and Dr. Ogg
Mr. H. A. Sowerby 3 *months*
Mr. P. S. Murdoch 6 *months*

Dr. Houston, Dr. Knight Dr. Deuchar and Dr. Grimble
Mr. C. R. Franks 3 *months*
Mr. D. B. O'Keeffe 6 *months*

Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton
Miss A. Garnons Williams 3 *months*
Mr. W. J. Jenkins 3 *months*
Miss H. J. Weller 6 *months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis
Mr. S. P. Hanley 6 *months*
Mr. E. J. Ellis 3 *months*

Mr Lawrie, Mr. Beard and Dr. Wayte
Mr. I. D. Starke 3 *months*
Mr. B. J. Holdsworth 6 *months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur
Mr. R. E. Sturdy 6 *months*
Miss A. Macintosh 3 *months*

Prof. McColl, Mr. Rendall and Mr. Bewick
Mr. T. K. Day 3 *months*
Mr. C. D. Pudsey 6 *months*

Gynaecological House Surgeons

Miss E. J. Eadie 3 *months*
Mr. M. C. Mace 6 *months*

Throat and Ear House Surgeons

Mr. R. Ashman 3 *months*
Mr. G. L. Barker 6 *months*

Orthopaedic House Surgeons
(including duties at New Cross Hospital)

Mr. B. H. Boyle 6 *months*
Mr. J. F. Grace 6 *months*
Mr. K. S. Nicholson 6 *months*

S.H.O. to the Renal and Transplant Units

Mr. T. A. Traill 3 *months*

6 *months*

Genito-urinary House Surgeons

Mr. M. L. Nancekievill 3 *months*
Mr. J. Stephens 6 *months*

Children's House Physicians

Miss S. Brown 3 *months*

6 *months*

Casualty Officers

Mr. A. K. Addison 3 *months*
Mr. D. Hunt 3 *months*
Mr. M. H. Chesshyre 3 *months*
Mr. E. G. Latimer-Sayer 3 *months*
Mr. A. J. Batch 6 *months*
Mr. I. D. Harrison 6 *months*

Resident Obstetricians
Mr. E. Kontizas
3 *months*
Mr. R. G. Thomson
6 *months*

Neurological House Physician
Mr. P. J. Marriott
6 *months*

Dermatological House Physician
Mr R. J. Hay
6 *months*

House Physician in Child Psychiatry
Miss S. Dowling
3 *months*

House Surgeons to the Thoracic Unit
Mr. J. A. Morgan
3 *months*
Mr. D. A. Raper
6 *months*

House Physicians in the Department of Psychological Medicine
Miss P. J. Taylor
6 *months*
Mr. D. McDiarmid
6 *months*

6 *months*

Resident Anaesthetists
Mr. T. H. Watford
3 *months*
Mr. J. D. Wheal
3 *months*
Mr. A. J. Sutherland
6 *months*
Miss J. Oliver
6 *months*

Senior House Officer to Nuffield House
Miss G. L. Hoare
3 *months*
Mr. R. R. N. Carvalho
6 *months*

Children's House Physicians at the Evelina Hospital

Mr. D. P. Chamberlain	1.10.72—31.3.73
Mr. R. G. Jezzard	1.12.72—31.5.73
Mr. D. R. Taylor	1.2.73—31.7.73
Mr. J. F. Price	1.4.73—31.9.73

Casualty Officers at Evelina Hospital
Mr. Y. K. Gupta
6 *months*
Mrs. A. Furtado
3 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Miss D. A. W. F. Lee
3 *months*
Mr. W. C. Brownlee
6 *months*

House Surgeons
Mr. H. A. Goudarzi-Langroudi
3 *months*
Mr. J. C. Davies
6 *months*

Gynaecological House Surgeon
Appointment to be made later
6 *months*

S.H.O. in Psychiatry
Appointment to be made later
6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology.
Mr. N. K. Barber
3 *months*
Mr. A. E. Ford Jones
3 *months*
Mr. R. A. Burlingson
6 *months*
Mr. J. R. Monson
6 *months*

Orthopaedic House Surgeon—see under Guy's

Senior House Officer to Rehabilitation Unit
Mr. S. A. Ghazi
3 *months*

BECKENHAM HOSPITAL

House Physician
Mr. D. J. Palin
6 *months*

House Surgeon
Mr. P. H. Boyce
6 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone
Mr. A. N. Johns
6 *months*

House Physician to Dr. Elliott, Dr. Collover and Dr. Tillman
Mr. A. D. Crawford
6 *months*

House Physician to Dr. Mallinson
Mr. C. J. Thomas
3 *months*

House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis and Mrs. Wengraf
Mrs. R. M. Parry
3 *months*

House Surgeon to Mr. Eldin, Mr. Williams and Mr. Park
Mr. H. Robertson-Ritchie
6 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases
Mr. N. J. Marks
3 *months*
Mr. N. Pinder
6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price
Mr. J. L. Lewis
3 *months*

House Physician to Mr. Lynn Evans
Mr. T. Kidger
3 *months*

House Surgeon to Mr. Ivo-Smith

3 *months*

House Surgeon to Mr. France, Mr. Bingold and Mr. Monty

6 *months*

House Surgeon to Mr. Le Brun
Mr. R. S. Ackroyd
6 *months*

House Physician to Dr. Llewellyn Smith
Mr. A. M. Turner
6 *months*

House Surgeon to Mr. Cavendish

6 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Bassadone and Dr. Mallinson
Mr. R. A. G. Goodhart
3 *months*
Mr. L. K. Jackson
6 *months*

House Surgeon to Mr. O'Flynn
Mr. R. M. Barry
3 *months*

House Surgeon to Mr. Eldin and Mr. Candy

6 *months*

ORPINGTON HOSPITAL

House Surgeon with Ophthalmology

6 months

House Surgeon with E.N.T.
Mr. H. Parry
3 months

House Surgeon with Orthopaedics to Mr. Boxall and Mr. Lam

6 months

House Surgeon with Gynaecology
Mr. M. P. Powell
3 months

House Surgeon to Mr. Walker-Brash and Mr. Lam
Mr. K. M. A. Clifford
3 months

PEMBURY HOSPITAL

House Surgeons to Mr. Gibson and Mr. Lavy
Miss C. H. Moynahan
3 months
Mr. J. B. M. Winter
6 months

House Physicians to Dr. Miller and Dr. King
Mrs. M. Munir-Ahmed
3 months
Mr. J. C. Taylor
6 months

ST. HELEN'S HASTINGS

House Physicians
Mr. C. J. Lamb
3 months

6 months

ST. NICHOLAS, PLUMSTEAD

House Physician to Dr. Scott
Mr. P. C. Gartell
3 months

P. J. HELLIWELL,
Superintendent.

31st January, 1973.

PASS LIST

M.R.C. Path Final Examination

Nov/Dec, 1972.

M. S. Rose

EXAMINING BOARD IN ENGLAND
Final L.R.C.P., M.R.C.S.

Medicine

January, 1973

T. R. E. Barnes
R. D. E. Battersby
B H. Boyle
T. J. Cox
T. J. Edwards
H. D. Fuller
J. F. Grace
S. P. Hanley
P. A. F. Hewish
H. W. Holliday
C. C. Hunter
R. G. James
R. H. Jones
R. B. Kinder
A. E. Limentani
W. A. C. McAllister
M. C. Mace
J. P. Monson
P. M. Mowschenson
K. G. Nicholson
J. L. Ogle
D. B. O'Keefe
G. L. Scott
R. J. Walsh
R. J. Wilson
J. B. M. Winter

D.Sc. (Lond) Science
D. B. Gower

Midwifery

January, 1973

N. J. Allen
A. E. Brown
Sarah J. Brown
R. A. Burlinson
N. P. Byrom
K. J. Collins
S. J. Doyle
Alexa M. M. Evans
M. J. Hollis
F. P. Jackson
R. G. Mitchell
M. A. L. Pringle
J. Stephens
W. R. Yetton

Pathology

January, 1973

N. J. Allen
Sarah J. Brown
N. P. Byrom
S. J. Dunford
Alexa M. M. Evans
C. R. Gilbert
M. J. Hollis
F. P. Jackson
D. J. Jones
R. J. Knight
S. R. P. Lansdown
M. A. L. Pringle
J. S. Strang
Beryl J. Way
W. R. Yetton

CAMBRIDGE UNIVERSITY

M.D.

January, 1973

C. Chantler
R. Kumar

M.Sc.

December, 1972

W. C. Brownlee

UNIVERSITY OF LONDON
Ph.D (Science)

November, 1972

Susan M. Barlow (Physiology)

2nd. B.D.S.

December, 1972

M. A. W. Bunyard
C. J. Campbell
V. Chia Kok Meng
M. J. Cranfield
E. Fan
J. M. Forbes
C. Hopper
R. W. Jones
B. V. D. Lakhani
Jennifer R. N. Nabarro
R. W. R. Nurse
J. A. Pettifer
Anne J. Skipper
J. R. Stenberg
B. J. Westwood

ROYAL COLLEGE OF SURGEONS
F.R.C.S.

November, 1972

J. A. Clarke
R. J. Hart
T. N. Peet
R. L. Newell
D. T. Turner

Surgery

January, 1973

G. L. Barker
N. J. B. Barnard
R. D. E Battersby
A. J. Bennett
Philippa S. J. Birch
N. L. Bishop
P. M. Boyce
R. A. Burlinson
G. S. Clark
Mary E. F. Clift
S. Edwards
P. A. F. Hewish
B. J. Holdsworth
A. James
B. J. M. Jones
W. H. Konarzewski
R. G. Mitchell
P. S. Murdoch
R. J. Musgrave
S. C. Ng Tang Fui
D. J. Palin
A. J. N. Renshaw
G. L. Scott
A. A. Sorefan
P. R. Southwell
J. Stephens
K. K-K. Wang

MARRIAGE

DIAMOND WEDDING: On 8th February, 1913, at Christ Church, Crouch End, by the Rev. C. J. Sharp, M.A., Arthur Atkins Greenwood, M.B., B.S., to Phyllis Cobely. Present address: P.O. Box 84107, Mombasa, Kenya.

APPOINTMENTS

GUY'S HOSPITAL BOARD
OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of locum **Senior Registrar** in Rheumatology from 1st July, 1973, for one year. The appointment is a joint one with the South East Metropolitan Regional Hospital Board, involving seven sesions at Guy's and four with the Region. Application forms are available from the Superintendent, Guy's Hospital, London SE1 9RT, and should be returned not later than 2nd March, 1973.

GUY'S HOSPITAL MEDICAL SCHOOL
DEPARTMENT OF GENERAL PRACTICE
LECTURER IN GENERAL PRACTICE
(PART-TIME)

Applications invited for the above post. The doctor appointed will join three doctors already working at the Lakeside Health Centre, Thamesmead, together with health visitors, nurses, social workers, dentists and others seeking to provide a comprehensive service in this new community, where a teaching unit for Guy's Medical and Dental Students is being developed. Income from the practice, plus part-time salary from the Medical School.

Further particulars and forms of application may be obtained from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT.

ORPINGTON HOSPITAL, ORPINGTON, KENT.
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Two **Senior House Officer** Posts (for a period of one year), one vacant from 1/3/73 and the other from 1/5/73 at Orpington Hospital, where the officers will receive a systematic course of theoretical, practical and operative training. A full spectrum of Orthopaedic and Trauma surgery is undertaken, and the S.H.O.s will be expected to participate in tutorials and journal analysis sessions. Primary F.R.C.S. desirable but not essential. Duties will be in wards, operating theatres and casualty department on a rotating basis. (Those *not* willing to participate in the latter should not apply).

Candidates may visit the hospital and discuss their interests with Mr. S. J. Lam, Consultant Orthopaedic Surgeon.

Married accommodation may be available.

Apply to the Medical Superintendent.

BIRTH

BICKLE: At Guy's Hospital, on 28th January, to Jan and David, a Daughter, Angharrad.

DEATH

MELLON: On 29th December, 1972, Ernest Roger Radcliff Mellon, M.B.E. (MIL), M.R.C.S., L.R.C.P., M.B., B.S.

CHANGES OF ADDRESS

Dr. and Mrs. J. B. Kelynack, 5, Hawden Close, Hildenborough, Kent.

Miss Alison Russell, S.R.N., 61, Barton House, Adrian Way, Long Road, Cambridge. CB2 2SB.

PERSONAL

MATRIMONY claimed our attractive Guy's graduate. Busy, predominantly Guy's dental practice at Sevenoaks, now needs assistant/associate to cope with N.H.S. and private patients. Architect designed specialised premises. Box 5/2.

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Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

NEWS EDITORS T. J. GOULDER and K. N. BULLOCK

SPORTS CORRESPONDENT G. MOULDING

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2208

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The National Union of Students has been recently campaigning for an increase in students' grants and an annual review of the grants situation. Their major arguments are that (1) grants should be tied to the rate of inflation (as are many salaries at present) and (2) certain sections of the grant are not realistically related to necessary expenditure. For example, Hall fees are generally £270 per annum, consequently, some students are finding themselves in the unenviable position of having paid their inital, annual expenses and finding themselves left with nothing to serve them for the remainder of the year.

However, they make little play on several associated factors. Firstly, the parents of many students either will not or cannot make up their County Award to the sum accepted by the Government. Secondly, they do not account for the considerable financial burden placed upon students getting married during the course of their training—as it is at present, a student cannot claim a married grant unless he changes hs course of study at the same time as getting married. Thirdly, the extra allowance for a student studying full-time (i.e. for 48 weeks of the year) is totally unrealistic—no adult human being can be expected to survive, let alone cope with assimilating vast amounts of specialist knowledge, on £650 per annum.

It seems that the general opinion of the Government is that the student is still basically a schoolboy, who can quite easily be expected to survive on a schoolboy's pocket-money, whilst living as an adult in an adult society. This is an attitude that the N.U.S. must do their best to dispel in the shortest possible time. The natural reply to these problems is that we only have to put up with it for three years or so, and yet there is a very high percentage of graduates of the large universities who cannot get employment and who remain permanently, financially crippled for several years afterwards.

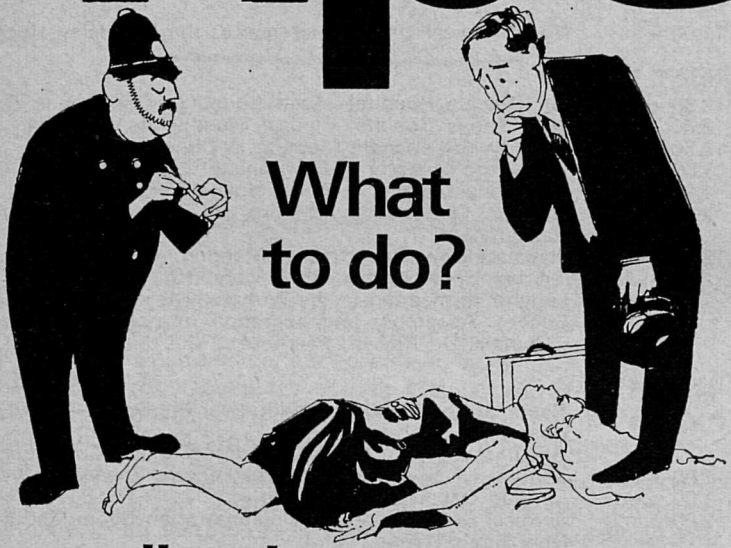
Students with a full quota of grant are an elitist group in our society. It is not these people who require a fixed maximum grant, but those students whose parents are supposedly financially better off, students who marry during their studies and students who are studying throughout the full academic year. It is these students on whom the N.U.S. should be focusing their attention and not on those who are already receiving the full grant. The great majority of students are not excessively concerned about their own financial hardship, but rather about that of their parents, imposed upon them by a ludicrous taxation system and by the further financial demands upon "rich" parents who are more likely to have to cope with large mortgage payments and insurance schemes. It is this problem that must be handled by the N.U.S. and not the basic problem of grants in isolation from all other social factors.

GUY'S DIARY

MARCH

9	Fr	1.00 Clinical Lecture. Mr. LAWRIE "Appendicitis".
12	M	1.00 Clinical Lecture. Mr. TOMKINSON "How to Pass Examinations in Obstetrics and Gynaecology".
13	Tu	1.00 Clinical Lecture Dr. GRAHAME "What is Rehabilitation?"
15	Th	1.00 Clinical Lecture. Dr. PARSONS "Poryphyria and carcinoid".
16	Fr	1.00 Clinical Lecture. Dr. SIDNEY CARTER. Paediatric Nuerologist Columbia Medical School, New York. "Acute acquired Hemip'egia in Childhood".
19	M	1.00 Clinical Lecture. Dr. SIDNEY CARTER "Minimal Brain Dysfunction"
20	Tu	1.00 Clinical Lecture. Dr. STIMMLER "Thyroid Disease in Childhood".
22	Th	1.00 Clinical Lecture. Professor TROUNCE "Amyloidosis".
23	Fr	1.00 Clinical Lecture. Professor KEEN

mps



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Cardiff 43852.

POST-GRADUATE MEETINGS FOR MARCH 1973

THURSDAY, 15th

1.00 p.m. Respiratory Round in the Hunt Memorial Library, 4th Floor, Hunts House.

1.00 p.m. Postgraduate Meeting at New Cross Hospital in Nurses Lecture Theatre.

12.30 p.m. Paediatric/Psychiatric Case Conference at the Evelina Hospital, Staff Common Room.

FRIDAY, 16th

8.00 a.m. Surgical Meeting in Demonstration Room, 2nd Floor, New Guy's House, Dept. of Surgery.

1.00 p.m. Staff Round in Clinical Lecture Theatre, 2nd Floor, New Guy's House. Presenting Case: Dr. M. D. O'Brien.

3.00 p.m. *Thoracic Department Meeting*, 2nd Floor, New Guy's House.

SATURDAY, 17th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

MONDAY, 19th

12.30 p.m. St. Olave's Hospital—Staff Round in Conference Room.

12.30 p.m. New Cross Hospital Clinical Meeting in Ward 9A

12.30 p.m. Weekly Orthopaedic Meeting in Christopher Ward.

1.00 p.m. Paediatric Meeting in Pre-Clinical Classroom.

1.00 p.m. Endocrine Meeting in Hunts House Library.

2.00 p.m. Clinical Orthopaedic Meeting in Orthopaedic Dept., in Casualty.

12 noon Haematology Department Meeting in Hunt Memorial Library Haemopexin—Dr. R. Lane (St. Mary's).

1.00 p.m. Lunchtime meeting in the Pathology Department, Medical School. Assembly and secretion of polymeric immunoglobulins. Dr. Richard Parkhouse, Mill Hill.

WEDNESDAY, 21st

12 noon Rheumatology and Rehabilitative Medicine—New Cross Hospital.
Rheumatology/Orthopaedic Surgery Case Conference.

1.00 p.m. Journal Club—Both in Nurses Lecture Theatre.

1.00 p.m. Cardiac Department Meeting.

2.00 p.m. Surgical Staff Meeting in Demonstration Room, 2nd Floor, New Guy's House.
Department of Medicine Meeting in Hunt Memorial Library:

2.00 p.m. Surgical Meeting.

3.30 p.m. Research Meeting
"The Immuno-pathology of Hamster Malaria"—Dr. B. Williams.

THURSDAY, 22nd

1.00 p.m. Respiratory Round in Hunts House Library.

1.00 p.m. New Cross Hospital Postgraduate Meeting in Nurses Lecture Theatre.

FRIDAY, 23rd

8.00 a.m. Surgical Meeting in the Demonstration Room, Dept. of Surgery, 2nd Floor, New Guy's House.

1.00 p.m. Staff Round in the Clinical Lecture Theatre, 2nd Floor, New Guy's House.
Dr. G. W. Scott—The lungs in ankylosing spondylitis.

SATURDAY, 24th

11.00 a.m. Neurosurgical Unit Conference at the Maudsley Hospital.

NEWS IN BRIEF

PRESIDENTIAL ELECTIONS

There are two nominees for this year's Student President: Tim Gou'der, our present News Editor, a 1st year clinical medic, and Glenn Abrahamsohn, a 1st year clinical dentist.

CONSTRUCTIVE?

The construction of the Student Hostel and Auditorium started on the 5th March. It will take approximately 104 weeks to complete providing the extra £500,000 needed becomes available.

An Appreciation

Miss Lilian Coomb, S.R.N., H.V.

Miss Coomb came to Guy's in 1941 to be in charge of Salomons Infant We'fare Centre and was here until 1961. She retired to live at Fletching in Sussex where she led a most active life. She helped in many activities in the village, her special interests being the welfare of older people there, the village church and her garden. Right up to the time of her death early this month, Lilian Coomb led a very full and energetic life and inspired great affection and gratitude.

When she came, Salomons Centre had been started twenty years earlier by Dr. Hector Charles Cameron as a means of teaching students how the health of children could be promoted by hea'th education of mothers and by providing ante-natal services. There was an active school for training Health Visitors; the district midwifery service was operated from Salomons and her famous Christmas parties were a feature of Borough life.

Miss Coomb and Dr. Vertue were a great team and later I had the privilege of working with her.

A bustling person yet kindly, thoughtful and untiring; direct and of great integrity, with rather surprising vividly dyed chestnut hair, and a direct, crisp manner, she gave untold help and guidance to all the hundreds of families living by Guy's.

Nor was her guidance restricted to a narrow Boro' circle for it was often asked by National Committees, and by the Col'eges of Nurses and Midwives.

Guy's has indeed been fortunate in the superintendent Health Visitors it has had and not least in Lilian Coomb.

R. C. Mac Keith.

Biological Availability and Therapeutic Non-Equivalence

R. W. Horne, Group Chief Pharmacist

This paper is based on a paper prepared by the Department of Pharmaceutical Sciences of the Pharmaceutical Society, and published in the *Pharmaceutical Journal* in November 1972.

Official policy for many years has been to encourage prescribing of preparations of drugs by approval rather than brand names, leaving the Pharmacist to select the preparation to be dispensed, having due regard to quality and cost. Implicit in this policy is the assumption that if preparations of drugs conform to the chemical specifications laid down by official books of standards then the same therapeutic response will be obtained.

In recent years it has become clear that there can be a difference in therapeutic response between chemically equivalent preparations of the same drugs produced by different manufacturers. The reasons for this difference while not fully understood, are derived mainly from differences in availability of drugs to the body (bioavailablity), which in turn are due to differences in the physicochemical nature of the drug (particle size, solvation, and crystalline form) or in the formulations used by the manufacturer. The drugs involved are frequently those which are poorly soluble in water in the pH range of body fluids.

On the available evidence, lists have been compiled of drugs whose preparations have differing availabilities or are suspect in this respect. The following substances are usually included in such lists:—

Acetohexamide
Aminophylline
Ampicillin
Bishydroxycoumarin
Chloramphenicol
Chloretracycline
Digoxin
Erythromycin
Ferrous Sulphate
Griseofulvin
Hydrochlorothiazide
Hydrocortisone
Indomethacin
Isoniazid
Meprobamate
Methandrostenolone
Methylprednisolone
Nitrofurantoin
Oxytetracycline
Pentaerythritol tetranitrate
Penicillin G potassium
Penicillin V potassium
Pentobarbitone sodium
Phenindione
Phenylbutazone
Phenytoin
Prednisolone
Prednisolone
Quinidine
Quinalbarbitone sodium
Reserpine
Sodium aminosalicylate
Spironolactone
Stilboestrol
Sulphadiazine
Sulphafurazole
Sulphamethoxazole
Tetracycline
Theophylline, ephedrine and phenobarbitone tablets
Thyroid
Tolbutamide
Warfarin sodium

In order to put the problem into perspective it is important:

1. To know which drugs exhibit differences in the bioavailability of their preparations.
2. To indentify the reasons in each case.
3. To establish standards and methods for detecting such differences.
4. To determine for which drugs bioavailability has a proven clinical significance.
5. To establish whether cases of toxicity have occurred.

Evidence of therapeutic non-equivalence is particularly strong in those preparations in italics in the list above.

Most of the drugs in the list are required to control disease or to relieve severe chronic conditions. It is probable that in many instances differences in therapeutic response are small and are masked by factors such as patient variation in absorption. However any large variation in bioavailability would be important in its effect upon the proper treatment of the patient. This will be especially significant in cases where the physician has adjusted the drug dosage according to the individual response e.g. with anticoagulants, anticonvulsants, hypoglycaemics, corticosteroids or digoxin; and the patient could be harmed by a toxic reaction due to overdosage, or by an inadequate response due to an inadvertant reduction in dosage.

Variations of bioavailability are most likely to occur if a different brand of a drug is supplied when a prescription is renewed. This will not arise within the hospital, but could occur when the patient's general practitioner assumes responsibility for prescribing the drug following the patient's discharge from the ward. Accordingly, consideration is being given to ways of notifying the general practitioner, in the discharge letter, of the brand of a drug supplied within the hospital, in cases where strong evidence of therapeutic non-equivalence exists between preparations of a drug.

Guy's Hospital Students' Club

The undermentioned have been elected representatives of their Groups to serve on the Students' Club Council for the year 1973-74:—

1st Year Medical Students: A. Dinghe.
2nd Year Medical Students: Miss J. Bailey, S. F. Evans.
3rd Year Medical Students: D. R. Fine, G. W. G. Vevers.
Clinical Medical Students: 1st Year: T. J. Goulder, Miss A. P. Hemmingway.
2nd and Subsequent Years: R. P. Fitton, B. K. McLeod, Miss F. M. M. Rochford, L. D. Ross.
1st Year Dental Students: T. S. Abrahamsohn.
2nd Year Dental Students: M. W. Harris, S. D. B. Taylor.
Clinical Dental Students: 1st Year: G. M. Abrahamsohn, C. P. Stuart-Bennett
2nd and Subsequent Years: T. B. Barnes, D. J. Beardsley, N. P. C. Matthews, R. J. Robinson.
Hostels Representative: D. H. O. Lloyd.

The Election for the Student President for the year 1973-74 will be held on Thursday, 15th March, 1973.

Saga of a Symptom

Dr. R. M. Turner

Some weeks ago a patient came to my surgery, sat down and said "I don't know whether I need reassurance or a small dose of tranqui'lisers". Invited to explain, he told me his story, which he subsequently wrote out for me and is given here in his own words. He is 52 years old and works as a department manager in a north London office. The total duration of his acute illness was 20 minutes. The hospital concerned was emphatically not Guy's. Now read on.

The Patient's Story

Short'y after eating a reasonably l'ght lunch on a Friday afternoon, I felt an aching pain in my stomach which gradually got worse and became severe. I reported to the company's health centre and was put to bed. Shortly afterwards I was violently sick, and the S.R.N. sister in charge of the centre was so concerned that she sent for an ambu'ance and I was taken to the nearest hospital. I arrived at the hospital at about 2.45 p.m. and was admitted as an emergency.

A doctor examined me; he was accompanied by several students, who were invited to give their opinions. Various suggestions were made including angina, perforated, gastric, or duodenal ulcer, a blockage, or gallstones: all were met with varying degrees of approval.

After an X-ray of my chest and abdomen I was returned to the emergency ward at about 4.00 p.m. By this time the pain had virtually disappeared, apart from slight tenderness resulting from retching. The severe pain had lasted for only about 20 minutes.

I was then told that it would be advisable for me to remain overnight for observation, and if no further pain occurred I would be allowed home on Saturday. I was transferred to a ward at 6.45 p.m. and placed on "fluids only".

After an uneventful night I was seen by the registrar. He told me that an E.C.G. had been arranged for that afternoon and that if that was satisfactory I would be discharged on Sunday. On Sunday, I learned that the tracing was not satisfactory and would need to be repeated the next day. At this stage I was allowed to resume a normal diet.

At 2.00 p.m. on Monday a nurse told me that the E.C.G. would not have to be repeated; a specialist had examined it and found no evidence of a heart disorder, the irregularities having resulted from a defect in the machine. At 4.45 p.m. I had my first talk with a doctor. I said that I suspected that my condition might be due to nervous tension; the future of the company I work for, and hence my job, seemed to be in jeopardy, and I had had past experience of my reactions when under stress. I also said that several members of my family had had either their spleen or gall-bladder removed, and that I had had my gall-bladder X-rayed some years earlier following a blood test. This was done incidentally when I was having an operation on my arm, and the X-ray was negative.

I was examined again, and told that on Tuesday morning the consultant surgeon would see me and decide whether I could go home.

The surgeon duly saw me the following morning and agreed to my release on condition that I attended his out-patient department for further tests. As he stood by the bed I asked him "Doctor, do you think this cou'd be due to nerves?" "If it is", he replied, "you are in the wrong ward!" and passed on to the next bed.

Some blood was taken from my arm and appointments made for me to have a barium meal and gall-bladder X-rays on the Wednesday and Friday of the following week. I was then al'owed to go and arrived home at 2.30 p.m. At 3.00 p.m. I received a phone call from the hospital. An excited voice told me that my blood ce'ls were boot-shaped, that it was believed that this was causing gallstones, and that I must therefore attend next day for my gall-bladder X-rays.

This I did. On Tuesday of the following week I saw the registrar and was to'd that the radiologist thought that I had gallstones but the surgeon did not. It would be possible to dispel all doubts if I came back next day for a series of "overlapping" X-rays.

Next day I arrived and undressed, then waited for 45 minutes until I was told that the X-ray machine was out of action. I was taken to another X-ray department and a series of pictures was taken, after wh:ch I was asked to remain undressed whi'e the films were developed. It was then discovered that although the machine seemed to be working normally no pictures had been taken. The radiographer explained apologetically that the who'e exercise had been a failure, and would I come back in two weeks' time for another session.

Two days after I had a barium meal I was given two pills to clear the barium from my system. So successful were they that acute diarrhoea ensued followed by an attack of bleeding piles.

The final gall-bladder X-ray passed without incident, and I duly had an appointment with the consultant surgeon to get the results. I was told, in a slightly regretful voice, that I had no u'cer and apparently no gallstones, but this was qua'ified by the suggestion that there could possibly be some gravel in my gall-b'adder which would not show on my X-ray. I had a final appointment some weeks later at which I was asked whether I was we'l and whether I had had any further symptoms. I could honestly say "No", and was then told that my name would be kept on the books for a year and that if I was admitted again with similar symptoms my gall-bladder would be removed. I need hardly say that that hospital has top priority on my list of p'aces to stay away from.

EXTRACTS FROM HOSPITAL LETTERS

1. From the first letter received.

" . . . He was found to have epigastric tenderness but X-rays showed no evidence of peptic ulcer. E.C.G. was normal . . .

Unfortunately he failed to give an adequate history and hid from us the fact that he has been found to have hereditary spherocytosis. He was discharged on . . . and a cholecystogram was carried out as an out-patient. This investigation was not entirely satisfactory . . . "

2. From the final letter

"I saw your patient in the follow-up clinic today. I am glad to say that he has had no further attacks of biliary colic . . . should he have further attacks of biliary colic I would undoubtedly be pleased to see him. X-rays in this case have been negative but it is highly likely that he has got some biliary mud".

Footnote

Between the 20-minute episode of pain and the final out-patient consultation 96 days passed.

BOOK REVIEW

PAUL IN HOSPITAL. Cammilla Jessel in Collaboration with Hugh Jolly.
Published by Methuen, price £1.10.

Many books have been written for children, in order to alleviate their fears of hospital, but the majority are directed at the younger age groups. There has been therefore, a noticeable lack of literature designed to appeal to the older child, whose worries are frequently greater. This attractively produced book should then serve to fill a much felt need.

The book has been written by Camilla Jessel in collaboration with Dr. Hugh Jolly, who also writes the foreword. The text is structured to describe a child's experiences throughout a stay in hospital from the time he falls from a tree and injures his arm until his eventual discharge from the outpatient department. The narrative is simple, but at all times factual, providing explanations which are easily understood. The illustrations are all photographic and they appear on every page, serving to enhance the authenticity of the book.

Any parent wishing to prepare a child for hospital admission should find this publication most helpful, and that it might, in addition, answer some of his or her own questions.

However, it should not be assumed that this book is suitable only for children and their parents. Many professional workers should find its perusal a salutary experience. For the inexperienced doctor or nurse, much assistance is given as to the best way to word the explanations which are necessary during the course of work. Furthermore, those who are teaching should find it a worthy addition to their libraries. The price of £1.10 is not prohibitive and in view of lavish use of photographs can only be considered very reasonable.

PAM JEFFERIES.

NURSING

NURSE RECRUITMENT METHODS

The recruitment of staff, particularly those who are qualified, poses permanent problems for the senior nurses administering the hospitals today, and is not an enviable task. For many members of the profession however, the methods adopted to achieve this aim are increasingly causing total amazement by their banality in approach.

The method for recruiting staff is generally accepted as being by the insertion of advertisements in either of the nursing journals. In fact a recent edition of the Nursing Times, carried ninety pages of such material as opposed to thirty pages containing information. Unless one is actually in need of employment, there does, in fact, seem little point in purchasing these publications any longer.

It is a well-known fact that there is an inverse relationship between the amount of money spent by any individual authority, and the numbers of staff which they are actually able to obtain. During recent years, however, there have been some very marked changes in methods of approach.

It seems that Matrons and Chief Nursing Officers are currently afflicted by the disease of the advertising promoters, which is to make their offerings appear bigger and better than anyone elses. As a result those nurses seeking to find a post through the medium of the journals, have been subjected to an ever-changing pattern of notices designed to attract their attention. Everything from hospital crests as decoration, to exhortations to "come and nurse country style", or in the "swinging south west" have been tried; and from the monotonous regularity with which posts are re-advertised, it would appear to be with very little success! The prize for insult to intelligence however, must go to a very recent advertisement depicting a nurse in mid-dive, described as a big fish in a large pond if she chose to work at that particular hospital. It is to be hoped that the post in question is still vacant.

It seems that the people planning these advertisements, are very much out of touch with what will appeal to potential employees, they are treating them as being of inferior mental capacity, and thus deserve to recruit staff of that calibre. They are clearly under a gross misapprehension and are therefore wasting their time, and money. Many people laugh at the adverts and a great many more, totally ignore them. In addition, a large number make a point of not applying for posts at hospitals which employ these methods.

Would it not be better if the public's money was saved for other purposes, and the advertising reverted to that type used some years ago? After all the doctors don't need all these artistic decorations in the *British Medical Journal*, and they still appear to read the notices therein to be found. As it is, a large number of those seeking a job, write to the hospital at which they wish to work, regardless of whether there is a vacancy advertised or not. If this were to happen, it might mean that the journals would serve their correct purpose, and the benefit thereby doubled.

CORRESPONDENCE

Voluntary Helpers

SIR,—I regret to say that I have only recently become aware of the vast amount of time and energy put into the affairs of Guy's Hospital by the Voluntary Helpers and in particular their organiser, Mrs. M. McGlone.

I suspect that there may be many others connected with Guy's who, with me, have been ignorant of the fact that Mrs. McGlone spends as much time working each week as many of us do, but in an entirely voluntary capacity organising 300 helpers in Guy's and a total of 600 in the Group. Since she has not even a part-time secretary Mrs. McGlone spends many hours on administrative details the like of which many of us who are responsible for far fewer personnel would not deign to touch. Also there is no place in Guy's for Mrs. McGlone to meet with any large number of her helpers or for them to relax briefly. In Casualty we aim to welcome our newly arrived helpers as part of our team but I am not at all sure that these good folk are welcomed in all the other places where they work.

Sir, could I ask through you whether serious consideration has ever been given to providing a part-time secretary for Mrs. McGlone and to providing a meeting place for the voluntary helpers? I am given to understand that unfortunately we on the surgical staff may have been partly instrumental in dashing their hopes for a room recently.

Yours sincerely,
S. P. B. DONNAN.

Guy's Hospital,
Department of Surgery.

Mr. S. Buxton

SIR,—Recently my wife resigned her post as part-time theatre sister at New Cross after working there for over six years. It was a very happy appointment for her, in a unit not unknown for its congenial atmosphere.

May I express our combined thanks through the *Gazette* for the great generosity and appreciation shown to her at the time of her leaving by so many members of the nursing, medical and administrative staff. We know that there are many unknown to us by name who contributed to the success of the occasion and it is to them that we particularly wish to tender our thanks.

Yours truly,
JOHN D. BUXTON.

53 New Cavendish Street,
London, W1M 7RF.

Raise Your Glasses!

SIR,—For the past few days there have been none of the usual glass in the Spit. One became used to washing down the food with a glass of cool water, but alas, it appears that this pleasure is to be no more.

I questioned one of the cashier ladies and was told that "all the glasses were broken at the Christmas parties you students had". Nevertheless since Christmas a few glasses have been seen. Have these too now been broken? Are we all now to be deprived of water as well as reasonable food?

Yours faithfully,
STEPHEN OLCZAK.

East Wing,
Guy's Hospital,
London, S.E.1.

Re: G.M.C. Inquiry

SIR,—Michael Simpson's most recent letter reaffirms his flamboyant disregard for constructive comment. Poor Dr. Brewin is the target this week. I am amazed to see that the self-confessed Life President of the Apathetic Society should have *anything* to say about the G.M.C. affair.

Presumably he is scolded because of the inaccuracy of his adjectives,

not because of any literary merit. I am not the "erstwhile" Chairman of the J.M.F., but the current holder of that office.

As only Michael Simpson has written to your column, may I assume that he is using the term "We" in the "Royal" sense. Presumably his belief in the "Divine Right of Kings" etc. has been replaced by a belief in the Divine Right of Michael Simpson.

The B.M.A. Panels, gathering evidence for the G.M.C. Inquiry, would be glad to hear of any constructive criticisms and suggestions. Please write before 19th March, to Dr. J. H. Marks or Dr. J. S. Happel at B.M.A. House, Tavistock Square, London.

Yours sincerely,

M. G. F. CROWE, M.B., B.CHIR., M.R.C.P.

Ref.: British Medical Journal, 10th February, 1973, p.358.

Ty Gwyn,
37 Ashfield Road,
Leicester.

Computers and Mental Disease

SIR,—Some reply to Derek Stubbs' recent article in the *Gazette* (24th Feb.) must be made. Basically his argument is that mental disease arises from primary disturbances of cerebral activity; by regarding the brain as a computer-like system we are helped in treatment of mental disorders and need no longer blame society for the high incidence of mental disease. Mr. Stubbs' relief at this is barely concealed.

But has Mr. Stubbs in fact established the basis of his argument, namely that metabolic disturbances are a *primary* event in the aetiology of mental disease? It would appear not. Evidence is provided that mental disease is caused by disturbance of brain chemistry—only flat-earthers and the like deny this link—but Mr. Stubbs cannot claim that this evidence supports the hypothesis that this disturbance is a primary event. Laing and his associates do not deny the existence of physiological change in mental disease (as was rightly observed); rather they assume as a working hypothesis that this change arises as a result of stresses imposed by modern society. As yet, this is not established, but neither is it disproved, and false arguments such as Mr. Stubbs' serve only to confuse matters.

For heaven's sake, Mr. Stubbs, if you dislike liberal thought so much (or you perhaps feel threatened by it?); if you feel that present-day living is wonderful, please say so. But please don't cloak your predjudices under the guise of pseudo-science and false arguments; this is intellectually dishonest, and will lead the more gullible and casual reader to accept the conclusions of your article as being valid.

There are people, myself included, who value Laing's approach to psychiatry, and who are not afraid to be openly critical of Western Society. The "acid test of a controlled clinical trial" has not been applied to Laing's theories, but nonetheless his view of the interaction of socity and the individual provides the basis for many for a humane approach to mental disease. Many things in medicine are unproven, but honest men are prepared to state their beliefs and act on them until such stage as they are disproven or unhelpful to solving problems.

Mr. Stubbs' article is pernicious in that it attempts to fool people into accepting his prejudices, and deserves to be exposed as such.

Yours faithfully,

ANTHONY NICHOLLS.

East Wing,
Guy's Hospital.

SIR,—Derek Stubbs' article "Laing, Computers, and Mental Disease" presented a lucid model of brain function and some aspects of human behaviour in terms of a computer analogy. There is no doubt that man has always, and presumably will always need models of mind and behaviour which can be externalised and applied to help those individuals whose minds are relatively unhealthy and are causing themselves, or society, to suffer. However no verbal model can ever have any absolute value, by virtue of the

very fact that it is verbal, and abstracted from reality. Nevertheless models of any kind, verbal or non-verbal, can be of great use if applicable to the solving of human problems irrespective of the level of reality to which such models "penetrate".

For example Freud's psychoanalytical models were undoubtedly very useful and applicable in his therapeutic relationships. Although now regarded by many as too subjective and unmeasurable, these models were and still are an enormous aid to our understanding of human behaviour. Yet there was little if any statistical analysis in Freud's work; in fact the actual "existence in reality" of such concepts as the id, ego, and super-ego was beside the point. How would you calibrate the super-ego?

It was just this sort of question which stimulated the behaviourists to look for an applicable model which could be used in the treatment of human mental disease, but was founded upon the experimental sciences and produced *quantifiable* results. They found one. Learning theory proved to be a relatively widely applicable model in the treatment of neurosis by such means as desensitisation and operant conditioning. However, learning theory did not attempt to elucidate the process of learning on the neurobiological level. The fine biochemical and physiological aspects of learning were in fact irrelevant to the development of behaviour therapy, which merely concerned itself with finding the most efficient ways of modifying or extinguishing maladaptive behaviour "from the outside".

Although the behavioural and psychoanalytical approaches to mental disease are fundamentally very different, in both cases the same principle is at work: an external model of the mind is developed and applied to the modification of mental function. Man as yet is nowhere near the stage at which subtle alterations of human behaviour can be effected by physical means with real knowledge of the way in which such alterations occur—thus the use of antidepressants and E.C.T. are still based on *applicable models.* This point is not made to undermine the usefulness of these treatments in solving certain human problems.

How useful is the computer analogy as a model whereby human problems might be better solved? If we ask Mrs. Brown, our next-door neighbour, what she thinks her brain does, she might say something like "Well I suppose basically it stores up facts in a special way which helps me act in the right way at the right time". Then we step in to clear things up. "Oh no, my dear. Actually the brain functions as a collection of storage and display registers with converging hierarchies of inputs passing through encoder-compilers to reach a central decision-making module which has operating programmes collected into integrated groups functioning as adaptive decision procedures called models". Our "explanation" is no more true than Mrs. Brown's, it is simply expressed in our sophisticated computer jargon. What we would see as a clarification, Mrs. Brown would see as total confusion. I fear that the computer analogy is of greater benefit to the computer-orientated psychologist than it is to humanity as a whole.

Yours,

STEVE CALLENDER,

East Wing.
Guy's Hospital,
London Bridge, S.E.1.

SPORT

RUGBY

GUY'S vs. LONDON IRISH

H.O.P., 17th February, Lost 16—38

There was no indication of the final score in the first half where Guy's had a clear territorial advantage. The hospital gained good possession from line-outs and rucks but somehow few scoring opportunities were created. Guy's allowed the pace to slacken when the Irish were clearly unsettled and the chance was gone. At half-time the score was 13—9 to London Irish, Danford having kicked three penalties.

In the second half the game gradually slipped away from Guy's who, although still winning enough ball to save the day, could not produce any of their running football. With about ten minutes left the London Irish scored a series of tries in rapid succession. It all looked so easy. Every orthodox move that they initiated seemed to result in an overlap and a score. The Guy's defence looked dispirited, puzzled and in the end apathetic. The final score certainly flattered the Irish. The eventual margin was made a little less embarrassing when Evans took a short penalty and dived over for Guy's only try. T.G.

Team: G. Evans, T. Gibson, T. Want, D. Stuart, S. Challacombe, B. Hagan, H. Holliday, N. Allen, M. Danford, C. Owen, A. Cook, T. Druett, R. Yetton, A. Portelly, H. Chiddy.

GUY'S vs. EXETER

H.O P. 24th February, Lost 4—13

Although played in the morning this game produced some unexpectedly good rugby. Both sides produced running football and although Guy's lost once again, the result was in the balance for most of the game.

Exeter fielded a hefty side and the Guy's pack found difficulty in winning clean possession from set pieces. Scrummaging was largely an exercise in back pedalling for the hospital forwards. It was therefore not surprising that Exeter should soon be on the offensive with Guy's pushed into their own half. The first try came during this initial period of pressure when Guy's lost the ball from a short line and an Exeter player strode over the line. Soon after, Exeter added to their score with a dropped goal.

Despite limited possession the Guy's backs played well and always looked dangerous when in attack. Both wings had opportunities to run and Portelly came close to breaking through on several occasions. After fighting back into the game Guy's narrowed the margin when Allen joined the back line and scored a well executed try.

With the score at 4—7 and Guy's playing with increasing confidence, victory seemed a possibility. Sadly, early in the second half, Druett was injured and left the field. The absence of one man probably deprived Guy's of their chance because although they sustained their attacking play it proved impossible to break through the Exeter defence.

In the closing period Guy's were again hard pressed. Some of the tackling was outstanding and Yetton, Danford and Allen knocked their opponents over with ferocity. It was not enough to prevent another score, however. The Exeter scrum-half broke from a scrum and swept through a gathering of hospital players who barely seemed to notice his presence. The ball was placed nearly adjacent to the posts and the conversion was no problem. T.G.

Team: T. Want, T. Gibson, G. Evans, J. Rooke, S. Challacombe, N. Allen, H. Holliday, B. Hagan, M. Phillips, G. Owen, A. Campbell, T. Druett, A. Portelly, R. Yetton, M. Danford.

RESULTS

v. Streatham/Croydon, 10th February, H.O.P., lost 19—6.
Artists v. Metropolitan Hotels Group, 17th February, H.O.P. Won 28—9.
v. Charlton Park IV, Won 37—0.

SOCCER

GUY'S 1st XI vs. ST. BARTHOLOMEW'S HOSPITAL

Guy's, although missing key players such as Baker, played well enough to defeat a good Bart's team by 3—2. The play was very evenly matched, but Guy's were able to take their goal-scoring chances whereas Bart's seemed content to squander theirs.

After only a few minutes Underwood put Evans through and he shook off a determined challenge to put Guy's ahead and notched up his nineteenth goal this season. Shortly afterwards Evans added a second with an opportunist header from a perfectly placed cross, again engineered by Trevor Underwood.

Guy's were able to start the second half with a comfortable 3—0 lead as Ed. Gaule poached a third goal just before half-time. A low cross from Evans was hammered goalwards by Masle Epps, and when the shot was scrambled away Gaule controlled a badly-bouncing ball very well and forced his shot home off a desperately retreating defender.

Guy's paid the penalty for easing off in the second half, and Bart's finally accepted two opportunities to pull the score back to 3—2. Had it not been for some appalling finishing by the Bart's forwards, and some brilliant and courageous goalkeeping by John Karani, Guy's could well have strolled to defeat.

However, Paul Coley, as dynamic as ever in midfield, and Trevor Underwood, who made some marvellous runs on the right wing, were able to instil enough activity into the Guy's team to enable them to hold on to their slender lead until the final whistle.

S. F. EVANS.

SPORTS DIARY

MAR	10	RUGBY	Nuneaton	H.O.P.
		HOCKEY	Tonbridge	H.O.P.
	12	SQUASH	I.C.I.	Away
	13	SQUASH	C.C. Challenge	
	17	RUGBY	G'oucester	At G'oucester
		HOCKEY	Tunbridge Wells	Away
	20	SQUASH	Sundridge Park	Away
	24	RUGBY	Cambridge City	H.O.P.
	27	SQUASH	Exiles 1st V	Home
	31	RUGBY	Ipswich	H.O.P.

SQUASH

HOSPITAL'S CUP vs. MIDDLESEX HOSPITAL

Won 4—1

With some recent good results the Middlesex were a hard side to have to play in our first round of the Cup. Our first-string player Ian Nicholson had a very skilful and hard game but not showing the form he had before Christmas lost his match; the five games played were a joy to watch although his opponent's views of the marker were none too friendly. Chris Mackenzie, playing second string, outwitted his opponent with some good drop-shots and won comfortably. John Lewis at third string convincingly demolished his opponent. A much improved player, Angus Kingon, at fourth string had a shaky start, losing the first game, but realising after this that he could out-run his opponent, swiftly won the set. At fifth string Ian Mackenzie had the longest game, gradually eroding his opponent's energy and finally won to the relief of the onlookers in the fifth game.

This match certainly gives an indication that we can do well in the Cup although St. Mary's as usual will provide very tough opponents in the next round.

I. MACKENZIE.

SAILING

On Saturday, 20th January, Guy's 1st team won the Guinness Cup by beating St. Thomas's 1st team in the final of the Inter-hospital Competition. The racing had been postponed from the middle of last term due to high winds in November.

In the morning Guy's fairly easily beat U.C.H. on the water but there were protests about rule infringements. These were later dismissed. In the second round, Guy's beat Middlesex Hospital and so qualified for the final.

In the first race of the final, sailed in the afternoon, Guy's won with first, second and fifth. In the second race St. Thomas's just managed to win on the last leg but Guy's still won the match on points.

Team: G. Barker, P. Meakins, R. Perkins, P. Lacey, R. Ingram, Mrs. C. Nixon.

P.S.—There will be the annual Guy's Sailing Regatta at the beginning of next term, held at the Welsh Harp.

HOCKEY

CUP MATCH RESULTS

UNITED HOSPITALS

1st round v. King's	Won 3—2
Semi-final v. Bart's	Won 2—1

UNIVERSITY

1st round v. Q.E.C.	Won 3—1
2nd round v. Mary's	Won 5—2
Semi-final v. London	Won 3—1

For the second time in three years, Guy's have won through into the finals of both Senior Cups. This is an achievement in itself, which seems to go largely unnoticed amidst the ballyhoo of rugby Cup "matches".

The U.H. semi against Bart's was, as expected, very hard and very tight. Guy's took an early lead when Bob Clark seemed to mesmerise the Bart's keeper with a reverse flick from the edge of the D. Bart's immediately equalised with a short corner. From then on no quarter was given or asked for, and although Bart's had several good chances, it was Guy's who won with a goal in the last five minutes from Clark, or was it Burns?

The U.L. semi against a much improved London side was just as hard but the run of the play and some of the luck seemed to go Guy's way. Burns put Guy's into the lead with five minutes gone, which immediately put pressure on the London.

Guy's withstood the inevitable counter-attack, and although the London put the ball into the net twice, both goals were disallowed. A disheartened London began to make unforced errors and Guy's capitalised with two goals in the second half from Clark, one following a textbook move down the right wing, the other from a short corner.

The U.L. final will be on 14th March, at Motspur Park against Imperial College. The U.H. final is as yet undecided.

All support will be welcome.

Team: from K. J. Cottingham, G. Sparrow, M. Selley, P. Calvert, R. Fell, I. Phoenix, P. Duckworth, C. Crawshaw, R. Burns, R. Clark, P. Willmer, A. Smith.

MOUNTAINEERING

The Mountainering Club will be having a meet in N. Wales or the Lake District over the weekend 4th, 5th and 6th May. If anyone is interested in participating, please contact either Roger Burns or Tony Nicholls.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in the Department of Diagnostic Radiology to commence 1st April, 1973 until 30th September, 1973, in the first instance. Candidates should hold or be about to sit the D.M.R.D. Examination. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **23rd March, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of locum **Registrar in Anaesthetics** to work at St. Olave's Hospital from 19th March to 1st April, 1973, inclusive. (Resident or non-resident). Please apply immediately, giving the names of two referees to the Superintendent, Guy's Hospital, London SE1 9RT.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **House Physician** in Child Psychiatry (post-registration) part-time at Guy's and part-time at the Evelina Children's Hospital for the six-month period commencing 1st June, 1973. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officer** (4) (Senior House Officer Grade) at Guy's Hospital for the six-month period commencing 1st June, 1973. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st June, 1973, for a period of six months. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Obstetrician** (S.H.O. Grade) for the period commencing 1st June, 1973, for six months. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st June, 1973, for a period of six months. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March, 1973.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered dental practitioners for the following appointments to commence on 1st October, 1973.

Department of Conservative Dental Surgery
Registrars/Demonstrators to attend preferably on 6, 5 or 3 sessions a week.

Department of Dental Prosthetics
Registrars/Demonstrators to attend on 2, 3 or 4 sessions a week.

Dental Department for Children and Department of Orthodontics
Senior Registrar—full-time
Registrar— full-time

Department of Periodontology and Preventive Dentistry
Registrars/Demonstrators to attend on 5, 3 or 2 sessions a week.

Casualty Department and Oral Surgery
Registrars/Demonstrators to attend full-time and 6, 3 or 2 sessions a week.

Dental Radiology
Registrars/Demonstrators to attend on 6, 5 or 3 sessions a week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **23rd March, 1973.**

THE CHARTERED SOCIETY OF PHYSIOTHERAPY
February 1973
Final Examination
Miss J. F. Barton
Miss B. M. Booth
Miss B. B. Goldsworthy
Miss E. V. Pote
Miss N. S. Wells

B.M., B.Ch., (Oxon).
December, 1972.
Clifford-Jones, Robert Edward.
52, Earlsway, Curzon Park, Chester.
Farrow, Simon John.
Yew Lodge, High Street, Spalding, Lincs.

M.B., B.Ch., (Cantab).
December, 1972.
Sturdy, Roger Elston.
73, Glenferness Avenue, Bournemouth, Hants.

*Weller, Miss Hazel Jane.
5, Mount Beacon, Bath Somerset.

Wheeley, Martin St. George.
12, South Park View, Gerrards Cross, Bucks.
*Distinguished in Pathology.

CHANGES OF ADDRESS

David and Barabara Lambert (B.D.S.), The Vicarage, James Street, North Ormesby, Middlesbrough, TS3 6LD. Tel.: M. 46278.

Chris and Cynthia Newman, Flat 5, Block 9, Royal Hospital for Sick Children, Yorkhill, Glasgow.

Dr. D. S. Robins, Anzuk Woodlands Hospital, Anzuk, F.P.O. 5.

Dr. and Mrs. W. G. Tillman, 59, Grande Rue, Alderney, Channel Isles.

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BIRTH

AVERILL—At Guy's on 26th February, to Christine and Stuart, a daughter, (Sally Louise).

DEATH

SMITH—On Saturday, 17th February 1973, Kenneth Percival (K. P.) Smith, L.D.S., R.C.S.Eng. 1930., of Halberton, Devon, formerly at Petts Wood, Kent.

PERSONAL

DIAMOND WEDDING—On 8th February, 1913, at Christ Church, Crouch End, by the Rev. C. J. Sharp, M.A., Arthur Atkins Greenwood, M.B., B.S., to Phyllis Cobely. Present address: P.O. Box 84107, Mombasa, Kenya.

GUY'S FAMILY, YORKSHIRE, Wish to rent House/Flat sleep 5/6, London area, Two weeks August/September. Box 2/3.

ORTHODONTIC PRACTICE FOR SALE, East Sussex Coastal Resort (One hour Victoria). Fully booked ten weeks ahead. Over 350 new patients on waiting list. Two surgeries, Darkroom, etc., Further details Box 3/3. or Tel.: 082-583 338.

MATRIMONY claimed our attractive Guy's graduate. Busy, predominatntly Guy's dental practice at Sevenoaks, now needs assistant/associate to cope with N.H.S. and private patients. Architect designed specialised premises. Box 5/2.

TAX-EFFECTIVE: Pensions, Life Assurance planning, House purchase, Investment, John Bradford (Life and Pensions Services) Ltd., 32, King's Avenue, Redhill, RH1 6QH. Tel.: Redhill 65608. (Code from London 91).

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

When continuing an argument it is always wise to look at the basic premise of that argument — in this case that the catering facilities provided in this hospital, primarily those of the lower Spit — are not what they might be. I doubt that there are many clients of the Spit who would disagree.

Assuming this to be correct it is then reasonable to ask what is wrong with the food and facilities and what can be done to improve them. These are surely not unreasonable questions.

The time has come for those individuals who are responsible for the day-to-day running of these establishments to make a statement of exactly what are the present management difficulties and how they intend to overcome them. Since there are no plans for any catering facilities for students in the new Tower, the time has also come for those responsible for the long-term planning of the catering arrangements to make a policy statement. It is of no avail pleading that wages are so low that we cannot employ the quantity or quality of staff needed — we are faced with a situation that probably will not change rapidly and plans to meet this situation must be made, and the solutions found.

We should like to know:

(i) Why the Spit runs on a 50 per cent profit margin and still loses money?

(ii) Why the standard of food has rapidly deteriorated and what are the prospects for the future?

(iii) Why are some items sold in the Spit more expensive than in the local shops?

(iv) Why do whole sections of the menu disappear after a remarkably short time?

(v) When are the small, but irritating, shortcomings in the Spit going to be rectified?

We have no wish to criticise out of hand and realise that the problems involved in running the Spit are considerable. They are not, however, insurmountable and a well thought out long-term policy with definite plans and objectives for the future will surely produce results. We offer the facilities of the *Gazette* to discuss these problems and call for a statement from those involved.

Our congratulations and thanks go to Mr. T. Goulder, who is the new Student President and thus leaves the *Gazette* after eight months as News Editor. We wish Mr. Goulder the very best of luck in a difficult and strenuous job.

Our congratulations and commiserations go to Mr. K. N. Bullock, who becomes our Assistant Editor and is to be married shortly afterwards. The dramatic increase in salary will thus have no immediate effect on Mr. Bullock.

GUY'S DIARY

MARCH		
26	M	1.00 Clinical Lecture. Mr. SALMON "The Dangerous Ear".
27	Tu	1.00 Clinical Lecture. Mr. BEARD "Operations for Peptic Ulceration".
29	Th	1.00 Clinical Lecture. Dr. BROWN "Electrolyte Disturbances".
30	Fr	1.00 Clinical Lecture. Dr. HYAMS "Geriatrics as General Medicine".
APRIL		
2	M	1.00 Clinical Lecture. Mr. RENDALL "Problem Orientated Medical Records".
3	Tu	1.00 Clinical Lecture. Mr. HENRY "Internal Derangements of the Knee".
5	Th	1.00 Clinical Lecture. Dr. CAMERON "Acid Base Disorders".
6	Fr	1.00 Clinical Lecture. Dr. ABRAMS "Intermittent Claudication".

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NEWS IN BRIEF

Mr. K. E. Pringle

Mr. K. E. Pringle, consultant to the Orthodontic and Children's Department, is to retire on 31st March. He qualified at Guy's in 1930 and joined the staff in 1931. We wish him happiness in his retirement.

Chief Accountant

Mr. A. R. Bailey has now taken up the post of Chief Accountant in succession to Mr. E. Warburton, who will, in future, be in charge of Endowment Fund matters.

Weber-Parkes Prize

The Royal College of Physicians, London, has recently announced that they have awarded the Weber-Parkes Prize to Wallace Fox. The prize is awarded triennially for the best work in tuberculosis in this country or abroad. Wallace Fox is, at present, working in the M.R.C. Tuberculosis and Chest Diseases Unit at the Brompton Hospital.

Community Dentistry

The Nuffield foundation have made a grant of £25,682 over three years for the establishment of a community dentistry teaching and research unit in connection with the new town of Thamesmead.

The involvement of dental students in Thamesmead is long overdue and we should like to offer our congratulations to all those who have been working towards obtaining the award.

Aspects of Caries

A further grant of £6,682 for 1973, has been awarded to the Department of Oral Immunology and Microbiology by Pfizers Ltd., in support of the project on immunological aspects of dental caries.

Guy's Hospital Students Club

In the Presidential Elections held on 15th March, Mr. T. J. Goulder was elected.

In a roughly 50 per cent poll of the students in the hospital at the present time, Mr. T. J. Goulder secured 278 votes and Mr. Abrahamson 104 votes.

Recent Advances in the Understanding of the Control of Body Calcium Concentrations

D. B. Jefferys

The level of plasma calcium is regulated with great precision. Until the early 1960's it was believed that this sensitive control was achieved by regulation of parathyroid hormone concentration (McLean and Urist, 1961). It was suggested that a change in the level of calcium in the blood would produce a consequential rise or fall in the secretion of parathormone. Copp *et al* (1962) were the first group to investigate this thesis. They carried out perfusion studies on dogs using parathyroid extract, and found that such extracts initially produced a fall in the plasma calcium level, instead of the expected rise.

This observation led them to postulate that a second hormone may act to control plasma calcium. It was suggested that this hormone might lower blood calcium levels. Copp concluded that his hormone came from the parathyroid glands. MacIntyre (1965) has subsequently shown that this hormone is secreted by the C-cells of the thyroid gland. The discovery of this hormone, calcitonin, was begun by the observations of the decrease in the plasma calcium level following perfusion with parathyroid extract. However, MacIntyre has perfused dogs with pure parathormone and found that the fall in calcium was still produced. Thus the discovery of calcitonin was derived from the misinterpretation of an observation. The actions of calcitonin produced by the parafollicular C-cells of the thyroid gland appear to be to oppose parathormone.

Vitamin D has long been associated with calcium metabolism and calcium absorption. However, recent work has shown that vitamin D is the precursor of a hormone which is elaborated from the kidney. Thus, the vitamin has been found to be the precursor of a hormone, and it appears that this renal hormone is closely concerned with the control of body calcium. The production of this hormone is controlled by parathormone. Another control pathway has been found in the calcium story. Calcium metabolism is not controlled by one hormone as thought in the early 1960's, but by at least three.

The average daily diet contains 1 g of calcium, of which about 400 mg is absorbed from the gut. The average urinary loss of calcium is about 200 mg per day with a further 200 mg passing back into the gut. Parathormone produces resorption of bone, an action which is antagonised by calcitonin. The evolutionary story of calcitonin is a very interesting one. The 32 amino acid hormone is found in fish, including those who do not have a calcified skeleton. The hormone has no action upon plasma calcium for any fish. The calcitonin

extracted from salmon and dogfish has been perfused into the eel, when it is found to affect the osmolarity of this creature. Further studies have indicated that in lower animal orders calcitonin may control monovalent electrolyte levels. The change in action may be associated with the change from a marine to a terrestrial environment and the development of a calcified skeleton. The blood calcium level in man, can be adequately controlled in the absence of cacitonin. It is suggested that the hormone protects the skeleton from resorption during pregnancy and lactation. There is also a suggestion that calcitonin may play an important role in utero.

There is a 10-12-hour lag between the administration of a dose of vitamin D and increased calcium resorption. During this period the vitamin D is hydroxylated in the microsomal fraction of the liver to produce 25-hydroxycholcalciferol. De Luca (1969) has suggested that this is a process which is regulated by the negative feedback of the level of D25. The vitamin D is bound by a specific binding protein; for mammals this protein moves with the alpha globulin fraction under electrophoresis. The mammalian 25-hydroxychocalciferol protein binds both vitamin D and 25 DHCC. The 25 DHCC is transported by the binding protein to the kidney, where a mitochondrial hydroxylase enzyme produces 1.25 dihydroxycholcalciferol. The 1.25 DHCC is the most active metabolite of vitamin D. It is transported to its target organs, which are bone, intestine and kidney. The production of 1.25 DHCC is a controlled process, the production is stimulated by parathormone.

1.25 DHCC may be regarded as a hormone produced by the kidney. The work of De Luca (1969) has shown the regulation of 1.25 DHCC as illustrated below (Fig. 1). The switch from 1.25 to 24.25 DHCC seems to be influenced by the serum phosphorus levels. P.T.H. has a phosphoteric action, by blocking the reabsorption of phosphate from the renal tubules. Thus a mechanism can be seen for the stimulatory actions of P.T.H. upon 1.25 DHCC production.

1.25 DHCC production is reduced in patients with chronic renal failure, this may explain the vitamin D resistance of such patients. The kidney hormone 1.25 DHCC is preferentially concentrated in the nuclei of intestinal, bone and kidney cells. It is believed to act during transcription, and to affect the formation of carriers and membrane structures concerned with calcium transport. Thus vitamin D increases intestinal calcium absorption via production of 1.25 DHCC.

The exact mode of action of 1.25 DHCC upon the osteoblast is not yet clear, but is the subject of much research at present. It can be seen, however, that the renal hormone 1.25 DHCC mobilises bone calcium, parathormone may be the permissive factor for this action. Calcitonin has a protective action upon bone calcium, it may prevent bone being resorbed to control small changes in plasma calcium. Such small alterations can be connected by the action of 1.25 DHCC upon calcium absorption. The full pathway for vitamin D is shown in Fig. 2.

Fig. 1: The Control of 1.25 Hydroxycholcalciferol Production in the Kidney:

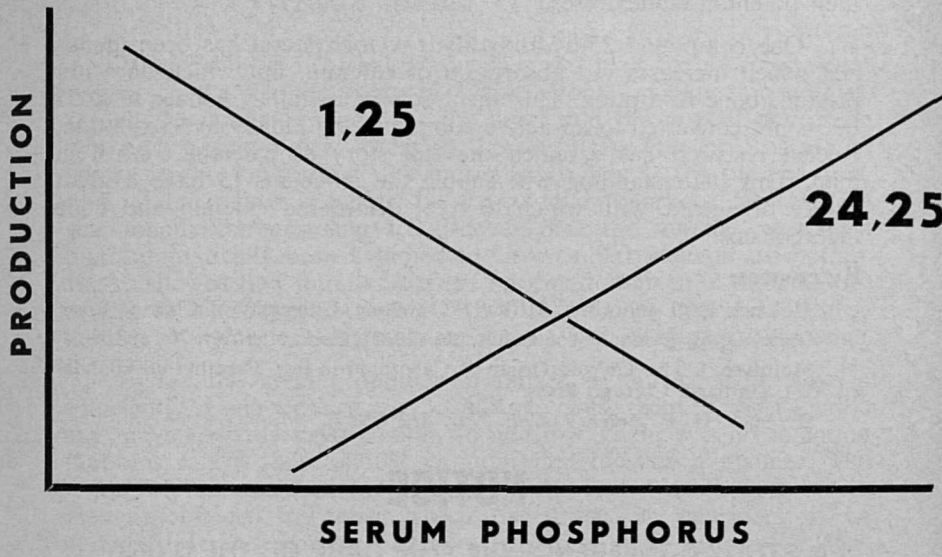
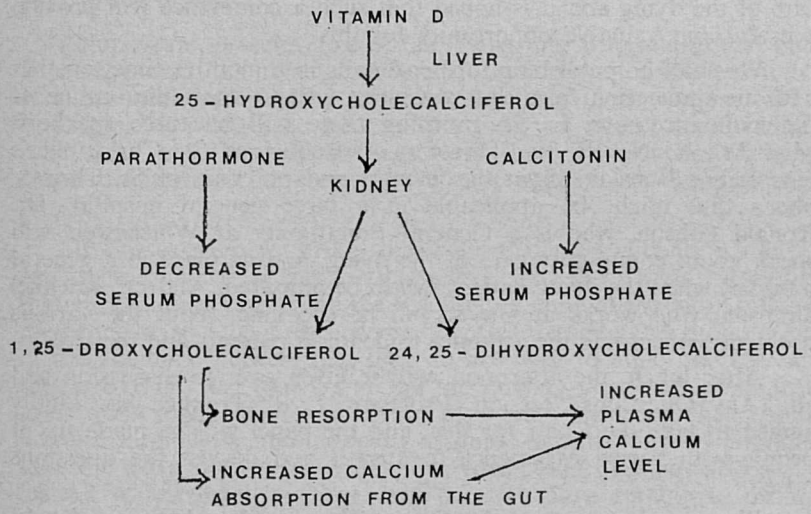


FIG 2

THE MODE OF ACTION OF VITAMIN D



The discovery of this renal hormone has opened a new chapter in bone pathology. Already De Luca and his group in the U.S.A. have synthesised 1.25 DHCC by a route which is commercially viable. Other hydroxylated derivatives are being investigated for their potential clinical uses.

One compound 25-hydroxydilydroxytochysteral has been identified which increases gut absorption of calcium, but which does not produce bone resorption. This agent acts in a similar manner to D-25 but is not converted to an active compound by kidney hydroxylation. Recent research has revealed the full story of calcium control in man. This understanding will enable the clinicians to have a great choice of agents, with which to treat disordered calcium and bone metabolisms.

References:

McLean, F. C. and Urist, M. R. (1951), Bone. University of Chicago Press.

Copp, D. H. Evidence for Calcitonin (1962) *Endocrinology* 70. 638.

McIntyre, I. The Thyroid Origin of Calcitonin in the "Parathyroid Glands" ed. P. J. Gaillard, Chicago Press.

De Luca, H. F. *Amer. J. Clin. Nur.* **412** (1969).

NOTICE

A STUDY-CONFERENCE ON "THE CARE OF THE DYING"

On Tuesday, 1st May, 1973, there is to be a study-conference at Guy's on "the Care of the Dying". The conference will be primarily for ward sisters, housemen and registrars, of the Group, and it will last from 10.00 a.m. to 4.00 p.m. As you will know there has been a growing need to discuss the problems raised in connection with the care of the dying and it is hoped that such a conference will provide a useful and valuable opportunity for this.

We shall be publishing further details in a month's time together with an application form, but you may wish to know the outline of the conference now. In the morning there will be three speakers. Miss M. A. Nevell, the Director of Studies at St. Christopher's Hospital, will speak about the insights and practices of St. Christopher's that might be applicable in a large general hospital. Dr. Ronald Gibson, who is a General Practitioner at Winchester, will speak about community care of the dying, and its place in a general hospital, when the dying patient has to be admitted. And Dr. Michael Simpson, who works at Guy's, will be speaking about the various problems concerning the attitudes to death in patients and relatives.

After lunch, the afternoon will be given over to discussion and an "Any Questions" session. Professor J. R. Trounce has kindly agreed to take the Chair for this, and the panel will be made up of people with varied experience to answer and discuss the questions raised.

Please make a note of the date — Tuesday, 1st May — at Guy's.

NURSING

Nurses and the Freeze

It was a little disturbing, to waken and read the morning newspapers on the first Saturday in March. There in banner headlines, for all the world to read, was the news that the nurses' pay claim was now posing a new threat to the hospitals. These places are of course in the forefront of the journalists minds at the present time, due to the industrial action by the ancillary workers. However, it was nonetheless surprising to discover that the nursing profession had automatically been assumed to have similar ideas of disruption. It also showed how unreliable is the information given in the majority of papers. The reporters would be well advised to undertake a little homework before making such inaccurate and damaging statements.

By far the greater number of nurses in this country, have a sufficiently strong sense of responsibility to cause them to reject totally, any move towards strike action. In addition, there was no intention that this salary claim should be supported in such a manner. The object of the exercise was to register the fact that the pay scales therein contained, are those which the profession considers to be necessary. It was, however, noted at the time of its submission, that the economic situation would prevent total fulfilment. This does not, of course, alter the fact that the last pay award was acknowledged as being an interim one, and that nurses are therefore eligible for further remuneration. Any journalist of mere average intelligence could have discovered these facts, simply by perusing the nursing press. Instead though, they preferred sensationalism and further concern to the public.

Nurses are, it seems, one of the few groups who realise that there is not at present the money to afford all these pay rises, in the country. It is essential for everyone to accept this, and to be content with a little less. Most of those who are currently on strike, are earning a great deal more than the average ward sister, who carries far more responsibilities. Furthermore, they do not appear any happier as a result.

If nurses were to strike, the welfare of the patients would be endangered, and thus it is for this reason that they cannot. It would, though, be interesting to see the reaction of some of the more militant members of society if this were to occur! Despite the protestations of the ancillary workers that they do not wish to affect the patients, they are doing just that by taking the nursing personnel away from their work to do other tasks. It is also interesting that the hospital administrators have automatically assumed that the nurses will undertake the extra burden quite happily. Why could they not also assist, instead of leaving it to those who already have enough to occupy them?

It is to be hoped that the situation will eventually resolve. Until such time as this should occur though, there are very few nurses who either wish or intend to pose a threat to the hospitals. Those that do would probably be better advised to leave the profession and join their brothers in industry, where they can indulge in industrial action to their heart's content.

NURSING BOOK REVIEWS

These book reviews have all been written by nurses or students and we hope that they will be of later use to nurses who will use them for reference.

LUMBAR PUNCTURE AND RELATED TESTS—V. Jolly. Butterworths. Price 45p. 90pp.

I found this a useful little book for nurses, consisting of a detailed account of a lumbar puncture, giving a good revision of the central nervous system. It is excellent for those of us who do not like to get "bogged down" with heavy explanation. Mrs. Jolly gives adequate description of nursing care which many nursing text-books lack.

S. N. W.

INTENSIVE CARE FOR NURSES—Edited by D. B. Clarke and A. D. Barnes. Blackwell Scientific Publications.

This book offers only the broadest outline to Intensive Therapy for nurses. It would be a useful book to read before commencing duties on a unit, but one needs a more detailed approach to the subject to be able to come to grips with intensive nursing. There seemed to be a number of inaccuracies in the text, one of which related to tamponade, and another to oesophageal atresia.

The text explained simply, and without too much irrelevance, basic care, although there seemed to be a distinct lack of explanation and definition of the more common surgical heart lesions, such as mitral stenosis.

On the whole, I would not recommend this book except for the most cursory outline, and the author should try to be a little more specific in some definitions.

M. G.

A NURSE'S GUIDE TO THE X-RAY DEPARTMENT—Myer Holdman. Livingstone Nursing Texts.

This book is a good basic guide to the X-ray department. It is helpful to both junior and senior nurse alike, especially in the simplistic approach to the pre-radiographic preparative procedures which a lot of general nursing textbooks omit.

The photographs, on the whole, displayed the subject under discussion adequately, although one fails to see the relevance in such a short textbook of showing radiographs of twins and triplets when there are potentially more important and common studies to show. For instance, there was a distinct lack of some of the more common fractures.

The text was clear and concise, approaching the subject logically and sequaciously. As the title suggests, this is only a guide to the department, although most nurses would, I think, find this a more than adequate book for their needs.

M. G.

MEDICAL NURSING — Nursing Aids Series Bailliere Tindall. by M. Houghton, C. M. Chapman.

This is a rather compact little book, compared to the larger volumes you usually find sticking out of Nurse's bookshelves and so has the advantage of being easy to transport and slip into your bag for a quick read during your coffee-break.

It does not attempt to cover all aspects of Nursing Care, nor can it mention every medical condition that may be met. It does, however, attempt to develop a reasoned approach to Nursing care so that new and unexpected conditions may be dealt with adequately.

It is fairly inclusive of all the common diseases met by the nurse during her training and manages very well to relate the practical with the theoretical in discussing the treatment of the various diseases.

If funds and space are limited, then this book is ideal but is rather lacking in diagrams and pictures which help to make explanations clear as can be found in large, more expensive textbooks.

NURSING IN DEPTH — Bowel Function. Disorders and Management by R. E. O. Dorgu.

At first I was rather apprehensive bout this little book because of its somewhat "off-putting" title. As most nurses tend only to think of one end of the bowel — the final end — however, this book shows how much more than this there is.

It starts with a very good description of the Anatomy and Physiology including interesting detail. It then goes on to describe Bowel Obstruction and the various causes and treatment. This takes up most of the book.

The final chapters describe colostomy and ileostomy. So if you are in any doubt about this subject you will find all the answers here, including diagrams and pictures of all the different types of appliances and bags and how to attack them in stage-by-stage illustrations. If you are interested and hve never met one, then this is excellent, but personally I don't think describing how to apply a colostomy bag is not of much value, you really need to see and do it for yourself — in which case these pages are rather wasted.

The best points about this book are the diagrams, the detailed nursing care and the explanation of why such care is necessary. There are also many detailed tables showing the treatment of diarrhoea and constipation also post-operative complications, which they only just manage to limit to 32.

Finally a quotation from the book. "It is a fairly good guide to the nurse that if her patient gives a detailed account of his bowel action, he must either be very ill or neurotic as such a morbid interest is not normal".

NURSING IN DEPTH — Circulating System. Physiology and Pharmacology by Florence Pallett. Butterworths.

This book is obviously aimed at "depth". It is difficult to know quite how much detail a nurse is required to know. There is obviously more in this book than is necessary for passing State Exams. However, if you are the enquiring type and wish to know more about the pills you hand out than the name and the common side-effects then this book will be of interest to you. It explains very well just how the heart works and the different ways the heart is affected by drugs and nerves. It goes into great detail about the blood and its composition. Also into anaemia the types, causes and treatment including a chart showing how much Imferon (intravenous iron) a patient needs per body weight which I feel is rather unecessary. There are also chapters on Coagulation, Blood Vessels, Blood Pressure and Drug Administration.

The diagrams and details are excellent, but a bit high powered for the junior nurse. As the Editor says, "I hope nurses will not only read these books, but study and discuss them, for they are concerned with purely nurses' work and there is no limit to the knowledge available in respect of such work. It is only in this way we can maintain and attempt to improve nursing standards".

NURSING IN DEPTH SERIES — Nursing the Diabetic Patient by Eric Edmondson. Published by Butterworths. 45p.

This book, written by a nurse who is also a diabetic, gives a good account of the basic essentials in nursing a diabetic patient. A very clear impression is also gained of what's on the other side of the fence, the view of the diabetic patient whilst in hospital.

The theme of the book is the same as the aim in treating a diabetic patient achieving a balance. This was repeated throughout the book ensuring that the point was brought home to the reader. Also stressed were the many ways in which a diabetic — or his nurse — may bring about his downfall.

The chapter I found most useful was that on diet and nutrition. It exploded quite a few fallacies which I, for one, held about what is and what isn't on the diabetics diet.

I wish the author could have made more use of diagrams and tables, there is a decided lack of them. I think that this book is to be thoroughly recommended to any nurse working on a general medical ward with diabetic patients and definitely will be very useful in conjunction with any textbooks in use.

REVISION FOR NURSES — Balliere-Tindall. 134pp 60p.

Having read the "Revision For Nurses" 1—4 and then the five and six from you, I am of the opinion that they are a necessity to all nurses taking finals.

It is really only after working through the set of books that I appreciated what they really wanted to know in the answers. Furthermore, I learned how to write required information concisely, therefore omitting irrelevent matter, which I believe for nurses is a difficult obstacle to avoid at the best of times.

Another pleasing aspect of this series is that it also teaches a lot. I was able to obtain facts from them that I couldn't find in ordinary textbooks.

I also think that the size of the book adds to its attributes. It can be easily slipped in a handbag and used on all travelling occasions. In the final weeks before State, there would be one somwhere about my person at all times whether in the bath, on the bus or sadly even in church for the lengthier sermons!

V. B.

NOTICES

GUY'S OPEN GOLF CHAMPIONSHIP

As usual this knock-out competition will be held throughout the summer. It is open to all Academic and Medical Staff of Guy's Hospital who hold an employment contract of one year or more. It is a scratch competition with the exception that a winner carries a two-stroke penalty if he enters in the subsequent year. Anyone who wishes to enter should contact Mr. J. Maynard's secretary in Guy's Hospital, Ex. 582, by 7th April, 1973.

ART SOCIETY

Guy's Hospital Art Society is, at present, holding its exhibition of work done by people at Guy's in the Gordon Museum. The exhibition began on 19th March, and will continue until 30th March.

CORRESPONDENCE

All Work and No Play . . .

SIR,—I was sad when the Residents' Play failed to materialise in February. No explanation has been given in the *Gazette* and those of us with interests in Guy's ponder on the reasons for cancellation. Was it apathy, policy or idleness?

In 1946, Dr. Tom Hills worked diligently to restore the Residents' Play which had lapsed during the War. In some years afterwards, Tom Hills threw his energies into music, lyrics, production and rehearsals. The Play proceded happily, in varying quality, but always with enjoyment, until 1972.

1973-74 will see the retirement of Tom Hills and those of us who care, would like to have the assurance of the President of the Residents that there will be continuity of stimulating entertainment and justifiable comment which has modified the conduct and increased the understanding of our Peers.

Yours faithfully

TED LEWIS.

106 Station Road,
Redhill.

Community School

SIR,—While Guy's are busy teaching their students the community aspects of medicine, nearly ten miles away in Thamesmead I am often made aware of how ignorant and uninvolved we are in the very real social and educational problems on our own doorstep.

Few people are probably aware that a group of teachers, social workers and parents living and working in Bermondsey have formed the beginning of a Community School. This will be similar to the Liverpool and Summerhill Free Schools, with a form of education which will have no primary/secondary age division, will be much more child and family orientated than the present competitive form of state education and which will be non fee-paying.

This enterprising project is at present being forced to function at street level in Bermondsey, as although the staff and children are ready to start, they have no accommodation in which to base the school — even temporarily.

We have in Guy's a very adequate school—The Old Elizabeth Newcomen School which is still registered as a school at the Southwark Town Planning Department. Owing to the rebuilding programme it is now standing empty and with the present rate of progress it will probably not be demolished for about another year. It is hard to see what objection Guy's could have to lending this building to the group so that they could at least have a roof over their heads while they negotiate for permanent accommodation. This would seem a marvellous opportunity for Guy's to help our immediate community—I only hope we do not miss the chance.

Yours faithfully

SUE DOWLING.

Guy's Hospital,
London, SE1 9RT.

Here we go again

SIR,—As an old reader of the *Gazette*, I was astonished to discover that you are prepared to publish letters as petty and abusive as Dr. Crowe's contribution to the *Gazette* of 10th March.

Dr. Michael Simpson's consistent and constructive criticisms of the G.M.C.'s dubious behaviour have been admirable contributions to the continuing debate on its functions. Along with his colleagues on the G.M.C. and within the J.H.D.A., who have ably led the campaign that brought about the present long overdue enquiry into the G.M.C.'s functions, Dr. Simpson is to be congratulated for proving that ethical and moral sensibility and leadership is not altogether lacking from the profession today.

Even as Chairman of one of the most irrelevant debating societies in Britain (the Junior Members Forum) Dr. Crowe, who has yet, apparently, to make a constructive comment on anything, should hesitate before gratuitously insulting someone whose public record is rather better than his own. Or is it the Juvenile Members Forum?

I would remind Dr. Crowe that the campaign for G.M.C. reform was supported by at least 10,000 British doctors. Of them, Dr. Simpson can well, with humility, use the term "we" that disturbs Dr. Crowe. However upsetting he finds it to have so many of us disagree with him, it ill becomes him to display his pique to openly.

I hope Dr. Simpson will accept my assurance that some of us admire the stand he has made in this matter, and wish that we were "represented" by better mannered — and lettered — petty B.M.A. bureaucrats.

Yours faithfully

JOHN WESTLAND.

Fulham,
London, S.W.6.

"Voluntary" Helpers

SIR,—May I thank Mr. S. P. B. Donnan for his efforts to help me and for his kind remarks and concern for the voluntary helpers in the Hospital.

Whilst fully appreciating this, I must hasten to correct the statement that I work in "an entirely voluntary capacity." I was appointed to Guy's Hospital in January, 1967 as a paid member of Staff — not being in the Onassis range it would be impossible for me to travel, make adequate domestic arrangements and work a full week unless there was a cheque at the end of the month to keep me out of the red!

Yours faithfully,

MRS. M .MCGLONE,
Group Coordinator of Voluntary Service.

Guy's Hospital,
London, SE1 9RT

SPORT

RUGBY

ANGELS vs. OLD WANDSWORTHIANS 4th

Saturday, 10th March 1973. Away. Won: 38—10

One of the highlights of this game was that the referee's decisions were (unfortunately) often puzzling, to say the least — if not frequently incomprehensible.

Playing with the sun and slope in the first half, the Angels attacked from the start, and after a lot of hard scrummaging, succeeded in intimidating the opposition's backs into dropping the ball — frequently. From one such position, Rod Robinson showed his skill (?) as a soccer player by dribbling over from 25 yards out and falling over for the first try. It was rumoured that the shock of this try later manifested itself in almost complete manual ataxia — a total inability to catch a ball thrown at him. This try was unconverted.

In this first half, the seeds of discontent were sown, and the impression of playing 16 men overcame the Angels. In the face of such distractions, the Angels were skilful indeed in increasing their lead before half-time — blind anger seems to have dulled the mind to exactly who scored, and when. Half-time came with a substantial lead and doubts as to the referee's sanity, but also with a determination on at least one Angel's part to avoid (if not over-rule) the referee's decisions.

Playing up-hill and against the sun didn't seem to detract from the Angels' game and until Dave Glen and John Clark decided to incapacitate each other, the game went marginally in their favour. Shuffling round of players following several injuries, may or may not have led to the fact that the opposition scored a couple of tries at some time or another.

John Karani's distinctive side-step puzzled a lot of players, and on one occasion enough people got out of the way to enable him to get to the line. I think Dave Glen converted this one, too. Dave Arnold's contribution to the game were multifarious — as well as scoring two fine tries himself, he distracted enough people in other ways for Ken Rigg to make his way politely to the line for a most welcome try, which was also converted.

Team: Dave Glen, Rod Robinson, Dave Arnold, Geoff Dunbar, John Karani, Nigel King, Dave Campbell, John Forbes, John Clark, Ken Rigg Bob Milner, Jim Miller, Gareth Clark, John McCarthy, Colin Ryan.

Tries: Dave Arnold, Dave Campbell, John Karani, Ken Rigg, Rod Robinson.

Conversions: Dave Glen (5).

ANGELS vs. OLD ALLEYNIANS "B" XV

Away. Won: 22—0.

Following the debacle of the previous week's game, it was agreed in the dressing room that a return to the natural, open, game typical of Angels' rugby was needed. It was with iron determination that 15 fit and healthy men stepped on to our pitch. From the safety of our dressing room we watched with relief as they crossed our pitch and were replaced by a different 15, more in keeping with the style of our usual opponents. Our confidence grew!

Dave Glen opened the scoring with a penalty; a prodigious kick from fully 20 yards in front of the posts. The scrum was playing well and Hywel Jones (on loan from the Artists to replace Colin Ryan) had only minor trouble in keeping up with the pace of this higher sphere of rugby. Finally the ball passed our fly-half and sped unselfishly along the line to Huw Davies on the wing, who ran through two men for a fine try which Dave Glen converted. Minutes later Huw added another try which was unconverted. A second penalty from Dave Glen made the half-time score 16—0.

The second half was played against slope and gentle breeze and the Angels were understandably slower — who would not be after 25 minutes of exhilarating rugger. There was only one further score but this deserves special mention. Picking up the ball on the opponents "25", Will Hutton scored a fine 50-yard try (mostly sideways) which Dave Glen converted to cap a splendid personal performance.

Special thanks to Di, Margaret, Ciarau and our two other female supporters. They told me that an Angels team on the rampage is a joy to watch. I'm not sure if they enjoyed the rugby however.

Team: Dave Glen, Huw Davies, Dave Arnold, Geoff Dunbar, Rod Robinson, Nigel King, Dave Campbell, Bob Miller, John Clark, Charlie Lacey, Bob "Get Off" Milner, John McCarthy, Hywel Jones, Jrai Mahood, Will "Spanghero" Hutton.

D.J.A.

GUY'S vs. OLD ALLEYNIANS

H.O.P. 3rd March Drew: 18—18

With a surfeit of possession Guy's contrived to offer their opponents countless chances while at the same time running with so little confidence that an easy victory slipped by. In fact, there was a time when the hospital seemed poised for defeat.

In the first half, anyway, the hospital pack won ample clean ball from rucks and scrums, but faulty passing or indecisive running accounted for innumerable lost opportunities. Guy's were the first to score when some good forward play took the ball up the touchline and out to Portelly who passed

to Holliday. The latter player scored a well-earned try and like the other back row forwards, Allen and Brazier, worked hard throughout the afternoon. Unfortunately their play did not typify the Guy's team as a whole.

In the first half Old Alleynians scored two goals, the tries following mistakes and some poor tackling by Guy's. Campbell narrowed the margin after an interception and a sprint for the line.

The second half was played at a slower pace and although Guy's still gained more than a fair share of possession it was the old boys who pressed ahead with another goal.

With a considerable deficit to make up, the hospital played with more determination but were once again unimaginative enough to take advantage of all their hard-won ball. Danford kicked two penalties and the scores were equalised when Phillips broke from a scrum and was virtually forced to make the running himself.

In the closing minutes it seemed that Guy's might score again but they were held several times just short of the line and had to be content with a draw.

Team: G. Evans, T. Gibson, T. Want, J. Rooke, S. Challacombe, N. Allen, H. Holliday, J. Brazier, M. Phillips, G. Owen, A. Campbell C. MacLaughlan, R. Yetton, A. Portelly, M. Danford.

T.G.

SWIMMING

GUY'S GALA — 21st FEBRUARY

Spirit was high and certainly St. George's Pool was excellent. Thanks go to all those taking part in the Gala, and the Campbell family for umpiring.

Congratulations must certainly go to Barbara Perry winning 100 yards free-style in 22 sec., Jane Graham the breaststroke in 28.2 secs., Eric Gavin 100 yards backstroke in 50.1 secs., and Adrian Smith who won both 100 yards, free-style and breaststroke. To round off the Gala there was a mixed three-legged race.

Teams: B. Parry, J. Graham, J. Tipple, P. Solomon, C. Smith.

Ladies: Anne Webb, M. Hurst, P. Sakki, F. Abels.

Men: A. Smith, E. Gavin, N. Masters, D. Hurwood, K. Rigg, R. Bowering.

F. A.

SPORTS DIARY

MAR.	24	BOAT	Kingston Head	Kingston
	24	RUGBY	Cambridge City	H.O.P.
	27	SQUASH	Exiles	H.O.P.
	31	RUGBY	Ipswich	H.O.P.
APR.	7	RUGBY	Old Whitgiftians	Croham Road
	14	RUGBY	Sidcup	Crescent Farm

SQUASH CLUB

CAMBRIDGE TOUR 1973

March 2nd—March 4th

Five conscientious representatives of the Squash Club left Guy's just after lunch on Friday. The journey up was abominable. There was a solid traffic jam all the way to Cambridge which sent our driver, Chris Mackenzie round the bend. It was amusing to watch him foaming at the mouth every five minutes and scream "Peasant" at all the other drivers.

Eventually, we arrived at Magdalene. We lost the Squash 2—3, Chris Mackenzie losing to Andrew Cowie the Cambridge Captain, but we won the drinking. They proved no real match for us at the bar and soon conceded defeat by suggesting dinner at an excellent Steak House.

We played Selwyn on Saturday evening and hoped for somewhat sterner opposition over the pre-prandials. We won the Squash 3—2, Gus Kingon having a memorable win against a very good, if somewhat aged, No. 3. But they proved themselves admirable tacticians at the bar. They fed us with some unknown Northern Brew which proved devastating. We held our own very well until John Lewis ran into trouble with a particularly vicious-looking pint. At this point we beat a retreat to the nearest Indian Restaurant with the Selwyn team hot on our tails.

Sunday lunch in "The Eagle", proved more alchoholic than nutritious for Gus Kingon and John Tilley, despite "Uncle" John Lewis' Temperance Movement urging all to abstain. We played Cambridge City that afternoon and lost 2—3. A very sober John Lewis has the satisfaction of crushing Prof. Roy Calne, an old Guy's man. Gus Kingon and John Tilley were equally satisfied leaving the courts smelling like a brewery. The opposition took the hint and quickly offered us "tea" which proved excellent.

All in all, it was a very enjoyable weekend and was best summed up by John Tilley who said, "We played very well even though we were bloody drunk".

P. B.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of post-registration **House Officers** in Paediatrics, one post at Guy's Hospital to commence 1st June, 1973, and two posts at the Evelina Children's Hospital to commence on 1st June and 1st August, 1973, respectively. These posts are recognised for D.C.H. and consist of four months medicine and two months surgery. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th April, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in Clinical Chemistry with duties to commence 1st June, 1973, until 30th September, 1973, in the first instance. Application forms are available from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **30th March 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Consultant** (whole-time or maximum part-time) in the Accident and Emergency Department of Guy's Hospital.

The first duty of the consultant will be to offer primary care over a wide range of medical and surgical conditions. Applicants will be expected to have had not less than eight years postqualification experience, preferably in more than one speciality and with experience at a highly responsible level in emergency services. A higher qualification is desirable but not essential in candidates who have a fully appropriate range of experience. Further details may be obtained from the Medical Staffing Officer (407-7600 ext. 318).

Applications (one copy) together with the names and addresses of three referees should be sent to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th April, 1973.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited from Medical and Dental Graduates for the post of **Lecturer or Senior Lecturer** in the Department of Physiology. There are good opportunities for work in connection with Clinical Departments and Psychologists.

Salary within the range of £2,874—£4,229 for a Lecturer and £4,143—£5,247 for a Senior Lecturer plus £162 for London Allowance and Superannuation. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT and should be returned not later than **20th April, 1973.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Scholarships for the Session 1973-74. Forms are obtainable from the Dean and should be returned not later than **1st May, 1973.**

The Beaney Scholarship in Materia Medicine

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medicine (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of £341.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £106 per annum.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or in disease. The Fripp Fellow is allowed opportunities for study in the Paediatric Department and the Department of Child Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £600 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is £682.

The Lambrinudi Memorial Scholarship

Candidates for the Scholarship must be male students who have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital within the Commonwealth and who wish to further the study of Orthopaedic Surgery by postgraduate study, research or travel. The value of the Scholarship is about £344.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad.

Candidates must submit their proposed programme with their application. The Scholarship is of the value of approximately £118.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £460.

BIRTHS

CARMICHAEL: On 25th February, 1973, at Mvumi Hosptial, Dodoma, Tanzania, to Deborah (née Stephenson), wife of Robin, a son, Matthew Robert.

PASS LIST

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A. A. G. Thomson

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Dr. John Lloyd-Still, Box 1420, Hershey Medical Center, Hershey, P.A. 17033 U.S.A.

F. N. Vander Pant, Esq., L.D.S., Wards Hotel, 10 Talbot Square, Hyde Park, London W.2.

DEATH

SCREECH: On 29th January, 1973, Eric Noel Screech, L.D.S., R.C.S., Eng., peacefully in his sleep at his home, 1526 Beach Drive, Victoria, British Columbia, Canada.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2210

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

7 APRIL 1973

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PASSIM

The Tower has risen from the bowels of the earth like an ungainly chrysalis finally to shed it protective coat of scaffolding to emerge — as what. By no stretch of the imagination can the Tower be called beautiful but as the commissioning date draws near it is pertinent to ask is it worth it, and have we made the fullest possible use of our resources and money.

The Tower is not an entity on its own but phase II of the long-term plan to redevelop the majority of the hospital.

Phase I started with the new Guy's House, which was completed in 1960.

The detailed study and design plans for the Tower, Phase II of the development, was started in 1964 and it is hoped to be commissioned in 1974.

Phase III includes the entire rebuilding of Hunt's House and other clinical departments. Thus in a relatively short time the whole face of Guy's will be changed, beyond recognition, to its present students and staff.

As to whether the whole plan and particularly the Tower is worth it the question has three aspects — is it an efficient building, are the teaching facilities improved, and will the patients receive better treatment.

The first question can be answered on a cost-efficiency basis. The completed Tower will cost nearly 12 million pounds — one-third the cost of a new Concorde and on a cost per sq. foot of floor area less than half that of the average suburban house. Efficiency of use is difficult to estimate at this stage but the planning and design of the building took more than five years — the vertical design being chosen because of the limited space available and so as not to inhibit further development of the remainder of the site.

The benefits to the students — particularly dental students — will be enormous both in practice and teaching. The need for a new Dental School cannot be overstressed.

The new Tower will be filling a tremendous need and provides the atmosphere and opportunities for the expansion and improvement of many facilities. The planners, builders, financiers and all those involved in the Tower are to be warmly congratulated — the facilities are there, the next, and perhaps the most difficult step, is to ensure that we make the fullest use of these opportunities.

We should like to thank the Planning department, particularly Mr. Chapple, for his invaluable help in producing this issue.

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NEWS IN BRIEF

Royal Society

We should like to congratulate Professor Polani who was elected Fellow of the Royal Society last week. Professor Polani graduated from the University of Pisa in 1938, became M.R.C.P. London in 1948 and was elected F.R.C.P. in 1961.

Ash Prize

We offer our congratulations to Miss P. A. Messenger who won the Ash Prize with distinction in the National Examinaton for Dental Surgery Assistants.

That old Rubber Dam

A scheme to increase the use of the Rubber Dam in Conservative Surgery is soon to be implemented. One point will be awarded for the placement of a rubber dam, apart from routine use in R.C.T. etc.; correspondingly the requirement of 650 plastic points is to be raised to 700 for those students beginning their dresserships in the Conservation department.

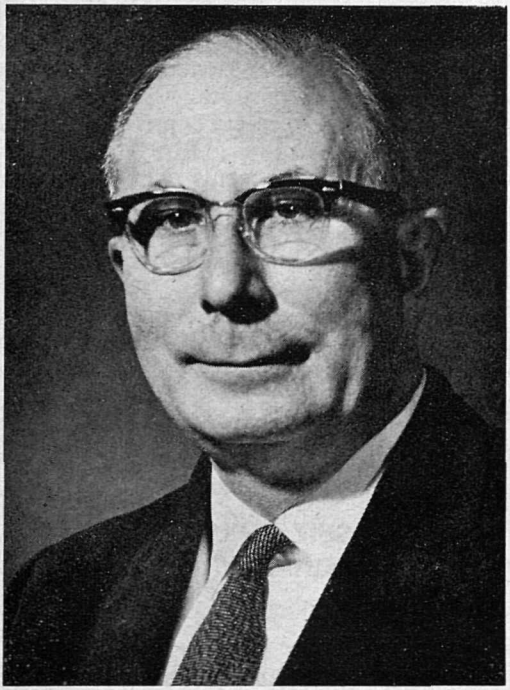
GUY'S DIARY

APRIL

6	Fr	1.00 Clinical Lecture. Dr. ABRAMS "Intermittent Claudication."
10	Tu	1.00 Clinical Lecture. Prof. LESSOF "Four case presentations".
12	Th	1.00 Clinical Lecture. Dr. OGG "Acute Renal Failure".
13	Fr	1.00 Clinical Lecture. Mr. SCHURR "Psychosurgery".
16	M	1.00 Clinical Lecture. Dr. McARDLE
19	Th	1.00 Clinical Lecture. Dr. CHANTLER "Acute Nephritis and Haematuria."

AN APPRECIATION

Kenneth E. Pringle, F.D.S., D.Orth.R.C.S.



In every generation there are men who are remembered for their own special characteristics. Kenneth Pringle is one of these. He has contributed much to a wider appreciation of the problems and practicalities of orthodontic treatment, particularly at the hands of the interested general dental practitioner.

He had a proud student career, the record of which shows a particular interest in children so that he was appointed Assistant House Surgeon to Mr. F. Bocquet Bull, and later House Surgeon in July, 1930, on qualification.

He was recognised as a good teacher at Guy's and the London Hospitals, and after serving as a Registrar he was appointed to the Consultant Staff when Mr. Bull retired in 1946 and became Head of Department of the Dental Department for Children at Guy's on Mr. Rix's retirement in 1965.

Those who have passed through his hands know him to be understanding, to have a great sense of humanity, a sense of humour which escaped some unfortunates and a steadfastness of purpose which has not only helped many but may not have been appreciated at the time — and was so often right. No, — none could ignore or forget "Pussy" Pringle, or fail to notice the smile.

Outside Guy's he has had much influence in the British Society for the Study of Orthodontics, the Board of Faculty of Dental Surgery of the Royal College of Surgeons of England, the Standing Dental Advisory Committee, as a part-time member of the Dental Estimates Board and also, since 1959, combining his work at Guy's with that of Consultant in Orthodontics in the South East Metropolitan Region. It has been his experience of, and sympathy for the problems of the general dental practitioner, maintained through close association, which helped and encouraged so many generations of Guy's graduates to enlarge their practice interests to include the more straightforward orthodontic cases.

No one with so many commitments over so long could do without recharging his batteries, which he has been well able to do with the support of his wife in their charming and beautifully sited home near Westerham. A peaceful place, only left for regular visits to favoured Switzerland.

We thank him for his help, encouragement, chiding and humour, and wish them both many happy years in what will not be retirement, but the beginning of a new venture, punctuated we hope by visits to his friends at Guy's.

A.C.C

NOTICES

GUY'S HOSPITAL PHYSIOTHERAPY AND RADIOGRAPHY ASSOCIATION

The Annual Meeting of the Association, in the form of a Sherry party, will take place in Shepherd's House on Friday, 11th May, at 6.00 p.m. Tickets are available from Miss E. M. Stephens, 19 Camden Road, Sutton, Surrey, or at the door, price 20p (members) and 25p (non-members).

During the meeting, a ballot will be held to establish which Radiography member's attendance at the International Conference in Madrid will be supported by the Association.

PHOTOGRAPHIC SOCIETY

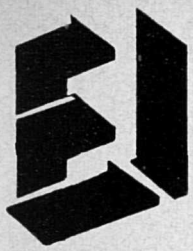
The Society is holding its annual exhibition/competition from 21st to 25th May inclusive, in the Table Tennis Room.

Subjects are in five categories, and prizes will be presented to the winner(s) in each category.

The competition is open to all members of the Hospital.

(i) Portraits
(ii) Architecture
(iii) Sport
(iv) Landscapes/seasons
(v) General subjects

Entries in B and W (10" x 8" min. size) colour prints or 35mm transparencies.



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Guy's Tower

A Panoramic View

Although much of the scaffolding around the Tower has now been taken down (at its maximum, it aggregated nearly 150 miles), there is still a great deal of work to be done inside the building before it is ready for occupation. In preparation for this, the fixing of major items of equipment such as X-ray equipment could start in Autumn 1973, with the full commissioning programme starting in Spring 1974.

The work which remains to be done inside the building is mainly concerned with engineering services. This work involves not only the installation of electricity, gas and water, with all the complications that come from feeding these to each of the thirty floors — the area of a single floor being that of ten good-sized private houses — but also the provision of air-conditioning, a central vacuum system, piped medical gases and compressed air, as well as other highly specialised services. In other words, the finished exterior belies the intense activity which still continues within the building. The floors, with all internal fittings, will be completed progressively throughout 1973, but because testing of the mechanical and electrical services (especially air-conditioning) can, in general, only be carried out when all the internal work is complete, it is not possible to take over the building floor by floor. The handover from contractor to client will probably take place in two stages — lower ground floor to floor 19 in March, 1974, and the remainder some three to six months later.

After that, the immediate task will be the installation of portable equipment and furniture which, in some cases, will involve transfer from the existing departments. As floors are completed, staff will receive induction training to familiarise themselves with the new departmental layout and facilities before patients are transferred or existing departments close down. It is, at present, estimated that at least six months will be necessary for the whole of the commissioning programme. The one exception to this is the necessary alterations in the theatre floor of New Guy's House which cannot be started until alternative accommodation is available, so the new theatre changing accommodation in the Tower will be commissioned as early as possible — hopefully in Autumn 1973.

On completion, the building will be totally air-conditioned and for this purpose extensive plant is being prepared to maintain the air-conditioning and to provide the complexity of piped services necessary for a present-day hospital. The new boiler house, which was commissioned in Spring 1972, is now gradually taking over the heating services in the existing hospital. There will be a new incinerator plant, and the six flues for this are carried up behind the west face of the smaller tower. The smaller communication tower

GUY'S HOSPITAL REDEVELOPMENT Phase 2

Main Contractors : Y. J. Lovell (London) Ltd.
Architects : Watkins Gray Woodgate International

which is 480 ft. high, contains thirteen lifts, five of which will serve the Dental School exclusively. These will run non-stop to floor 20, will be controlled by a "magic eye" system and will run at a speed of 500 ft. per min. These lifts will ease distribution problems to New Guy's House, since the latter's floors are all connected to the Tower. This connection will not now be glass-faced as was originally planned, but will be faced with concrete to conceal the communication ramps necessary because of the disparity between the floors of the two buildings.

The sequence of occupation of the main part of the tower is now being worked out. It is inevitably affected by some factors upon which a late decision may be necessary; for example, availability of new equipment which could influence the programme between now and 1974. The following timetable is, therefore, at this stage still tentative; and the dates are commencement dates:

Lower ground floor (September 1974)
- Non-resident staff cafeteria catering for 240 people.
- Electron microscopy unit.

Floor 1 (March 1974)
- Changing accommodation and theatre administration.
- Main theatre extension.
- Surgical intensive therapy unit.
- X-ray department.

Floors 4 and 5 (May/June 1974)
- Clinical pathology department.

Floors 7 and 8 (June 1974)
- Paediatric Research department.

Floors 9—16 (May/June 1974)
- Paediatric wards.
- Obstetric wards and ante-natal clinic.
- Kitchens for the above wards.

Floors 17 and 18 (July/August 1974)
- General research (Medical School).
- Medical illustration and photography.

Floors 20—28 (July/August 1974)
- Dental department.

Floors 29 and 30
- Lecture theatre for 180 people.
- (with hospitality suites for conferences, etc.).

Floor by Floor Organisation

Floor 1

This will consist of three new operating theatres. One theatre will be used for dental procedures, one will be kept as a "septic" theatre whilst the third is kept free for use when one of the other theatres is being cleaned. This theatre suite will be programmed to have local variations in temperature and humidity, mainly for

neonatal and obstetric work. This will mean that there will be a total of eleven theatres and one X-ray theatre. There will be no observation facilities in theatres, but it is hoped that closed-circuit television will be installed at some future date. The intermediate zone between New Guy's House and the Tower will become an administrative and recovery zone, and it will be arranged such that staff will need to change into theatre clothing before entering the suite (and not afterwards as the present system necessitates).

The surgical intensive care unit on this floor is proposed to replace Cornelius with the addition of an isolation unit for patients on dialysis and other supportive measures.

Floors 2 and 3

Two screening rooms will remain in the X-ray department in Hunt's House which will be used for unbooked outpatient investigations. The new X-ray department in the Tower will be reserved for booked outpatients and inpatients. It will double the present capacity for screening patients, as well as providing specialist radiological procedures and ultrasonic studies. There will be considerable scope for improvement in the rate of flow of patients through the department.

As far as personnel is concerned there will be a slight increase in the total number of staff, but the number of nurses will probably be reduced. Radiographers may be increased in numbers, but, before this, will require a considerable amount of training in the use of the new equipment.

Floors 4 and 5

These floors will contain the clinical departments of Bacteriology and virology, chemistry and haematology. Blood Transfusion services will remain on the ground floor of New Guy's House.

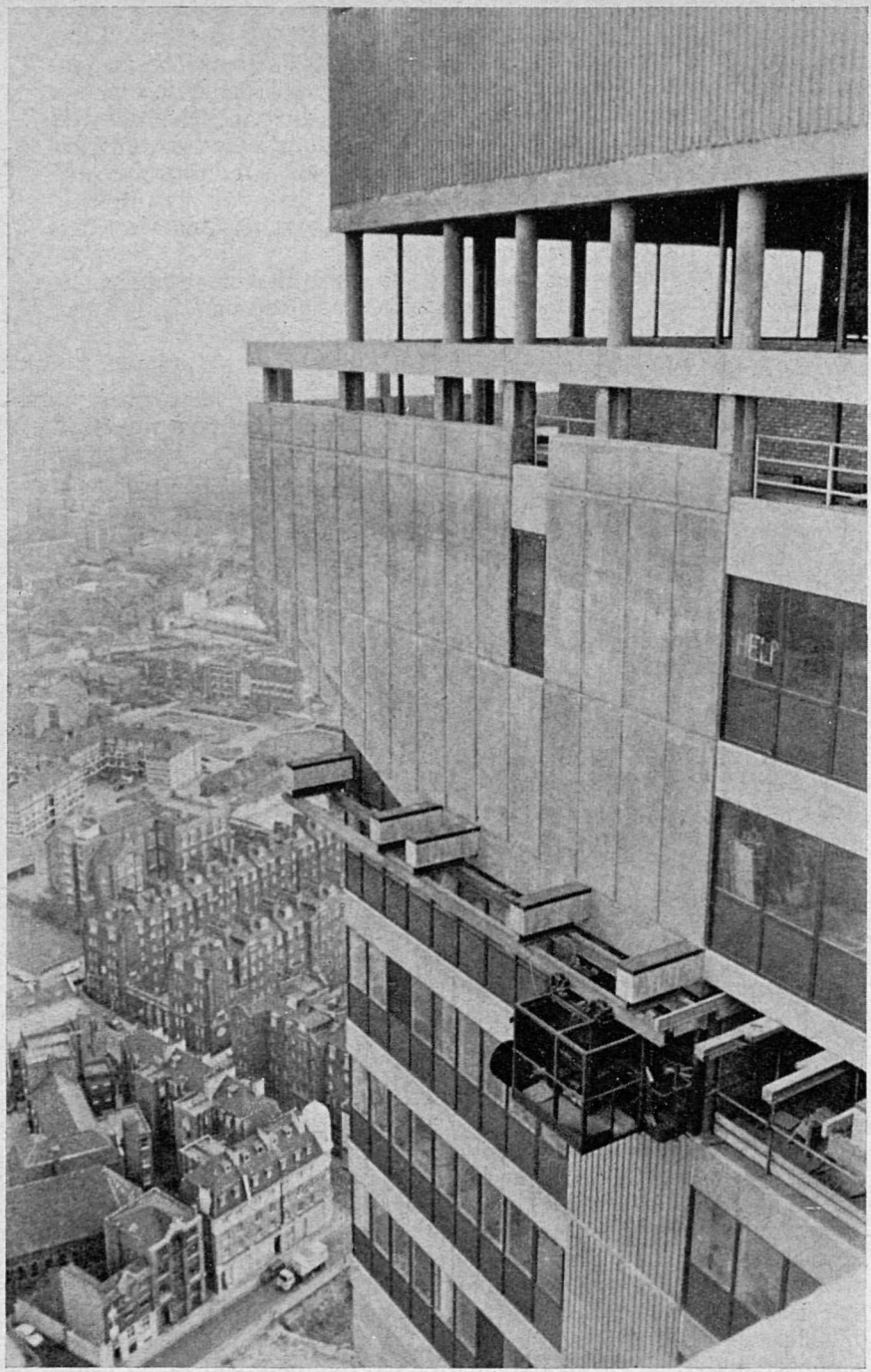
Floors 7 and 8

These will house the Paediatric Research department and will provide the department with a close working relationship to the Paediatric wards.

Children's wards

These will occupy floors nine to 12 and will encompass many specialist branches of children's medicine. Floor nine will contain 18 general children's beds, seven beds in an isolation unit and six in a burns unit. This latter will be an innovation in that it will use differential air pressures as a barrier to infection. Floor 10 will have 24 general children's beds and 10 phsychiatric beds, which will replace Hector Cameron ward at the Evelina Hospital. On floor 11, there will be two units, each with 18 general beds and including a three-bed metabolic unit. Floor 12 will house a 20-bed special care baby unit and the Paediatric Teaching Department which will have seminar rooms, classrooms and a library.

Each children's ward will have its own room for testing urines, bloods etc., and there will be special areas laid aside for medical students' activities. Of all the children's beds, there will be 24 single rooms for general patients of which half will cater for mother and baby.



View from the top showing the cantilevered Lecture Theatre.

The effects of these wards will not be very marked as far as Paediatric staff is concerned. There will probably be little change in the number of student nurses and a slight increase in supervisory staff.

Obstetric wards

Floor 13 will comprise the labour suites and admission suite. There will be eight first-stage rooms and eight second-stage rooms, each equipped with piped oxygen, suction and inhalational analgesia. Two of the second-stage rooms will be equipped with closed-circuit television for teaching purposes.

Floors 14, 15 and 16 will each have 29 post-natal beds and four ante-natal beds. Interspersed with these will be a maximum of six beds for patients of local G.P.-obstetricians.

The Ante-Natal clinic will take over the ground floor of the Tower with nine examination rooms and one large room for special teaching. The pupil midwives' school (at present in the Salomon Centre) and medical student teaching facilities will be accommodated in the communication tower, contiguous with the ward floors.

The personnel situation will be noticeably changed by these wards. There will be twice the present number of beds and hence, also, of deliveries. This will not necessitate an increase in pupil midwife intake, but will require a marked increase in trained staff.

The general effect of these new ward arrangements will be very little as far as New Guy's House is concerned, but in Hunt's House, once Caleb/Diplock and Victoria are empty, it is hoped to move patients up from the rather dingy ground floor as well as moving patients down from William Gull to the vacated wards. Thus, most of Hunt's House will be devoted to general medicine in the future It is Hunt's House and the Outpatients' Department which will be the subject of the stage three development projected for the future.

Floors 17 and 18

Part of this will be devoted to general medical research in the form of a series of standard laboratories with two or three smaller laboratories attached. These will be allocated for limited periods of approved research but there will be some specialist laboratories and a computer suite. The department of Medical Photography and Illustration will also be accommodated on these floors.

The New Dental School

It is hoped that the new dental department will be commissioned in August/September of next year thus relieving one of the most overcrowded and decrepit parts of the hospital and the old school will not be reoccupied.

The dental school will occupy floors 20 to 28 of the Tower and is served by its own lifts which run non-stop to the 20th floor. It will thus, be a self-contained unit within the Tower — a fact which it is hoped will not increase the present sectarian attitudes of the dental students.

The benefits of the Tower to students, staff and patients should be enormous. Patient facilities will include better reception areas,

widespread waiting rooms, toilets and coffee vending machines with a dental patients' cafeteria on floor 23.

Teaching facilities include single chair clinics, seminar rooms, closed-circuit television and well-equipped demonstration rooms. This, combined with better working conditions should give the opportunity for the most radical improvement in both undergraduate and postgraduate teaching. It is hoped that there will be a considerable increase in the number of professional staff.

The entire school will contain 223 dental chairs, approximately twice the present number and roughly sixty per cent of these being new. There will be an unequal distribution of new and old chairs: some of the newer chairs and units in the present dental school will be upgraded and completely serviced, these chairs then going to departments such as Prosthetics and Preventive dentistry where the facilities of air rotors and central suction are not normally required. The conservation department will have mostly new chairs.

There will, of course, be a greater demand for auxiliary staff including dental nurses who will be in evidence mainly on the casualty floors although a few will be working elsewhere. Estimates of the increase in numbers of nurses vary but it is not generally thought to be very great. There are no plans or proposed facilities for starting a dental auxiliary school at Guy's. No significant increase in the number of dental students is foreseen at the present time.

Floor by Floor Organisation of the Dental School

Floor 20

This floor will contain six single chair prosthetic clinics, demonstration rooms and staff laboratories. Thus all but the teaching technicians will be situated on this floor in their own laboratory.

The dental materials research department and other preclinical research departments are also on this level.

Floor 21

The main prosthetics clinic and laboratory will occupy most of this floor. There will be thirty-two chairs in the new clinic with suitable upgraded units. All the laboratory furniture will be new and finished in either melamine or oiled hardwood.

The considerable increase in both laboratory and clinic space will allow an increase in the number of technicians and student technicians. Thus the opportunity is provided to possibly reduce the amount of laboratory work undertaken by students — if this is thought advantageous by the curriculum committee.

There will also be the facilities for postgraduate prosthetics courses and teaching.

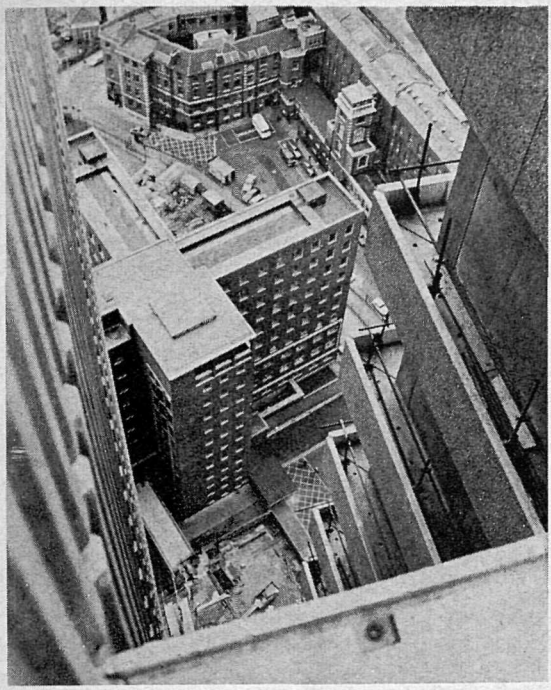
Part of the Preventive Dentistry and Periodontology department will also be on this floor. The department will have a total of thirty-five chairs and is spread over parts of three floors so as to achieve a close liaison with other departments.

Floor 22

The new Children's and Orthodontic department with 30 chairs.

Floor 23

This floor will be the "Casualty" area of the new dental school and will incorporate the General and Local extraction rooms, Minor



View of New Guy's House from the Tower.

One of the larger clinics in the new Dental School.

oral surgery and a standard casualty room with nine chairs; all in close contact and liaison. The regrouping of "Emergency" dental work should greatly ease the present problems, there being the opportunity to transfer patients from one area to another with a minimum of delay. There will be a total of 16 chairs in the department most of which will be upgraded chairs from the present dental school.

There will also be a dental patients' cafeteria, a branch of preventive dentistry and dental X-ray on this floor. It is to be hoped that the interminable queues seen in the present X-ray room will disappear.

Floor 24

This floor will be occupied in part by the dental students' rest rooms, lockers and recreation rooms. Final plans have not been made, this being an obvious area for student representation. There are not at present, nor are there likely to be any plans for a students' cafeteria in the Tower.

Floors 25 and 26

These two floors will be occupied by the Department of Conservative Dentistry and will contain 98 chairs arranged with side partitions to form cubicles similar to the A.H.S. chairs in the present conservation room. Chair density is lower than in the old dental school.

The units will be mostly new and of several different designs, all will be supplied with central suction. Students will have all the facilities for low-level dentistry although this is dependent on the availability of auxiliary staff. There will be sterilisation areas on both floors equipped with autoclaves and hot air sterilisers. X-ray facilities will also be available in separate rooms.

It is hoped that there will be a considerable increase in both professional and auxiliary staff which combined with the new seminar and demonstration rooms should improve both the teaching and practice of Conservative Dental Surgery. It is also hoped that the facilities for postgraduate studies will be greatly extended.

The dental photographic department is also situated on floor 26.

Floor 27

This floor will contain part of the P.D. department and the preclinical phantom head laboratories. There are also demonstration and seminar rooms all of which should ease the present problems in teaching and practising in the present phantom head rooms.

Floor 28

This, the top floor of the dental school will contain the departments of Oral Medicine and Pathology, Oral Immunology and Microbiology together with Dental clinical research.

In conclusion we are presented with what promises to be the answer to many of the problems faced in the present dental school. Problems which are so great that it is often surprising that we manage to overcome them and run a dental school at all in the present surroundings. Facilities for eveyone connected with the present school are vastly improved. We should be looking to the future with anticipation and a determination to make the fullest use of the new facilities and take the fullest advantage of the opportunities that now are before us.

Clinical Day 1973

Clinical Day 1973 took place on Saturday, 3rd March, and for the eleventh successive occasion the weather was fine, if a little dull. As Guy's men converged for the annual pilgrimage to their alma mater, there was a distinct element of surprise amongst many that the school is still in the "old buildings round by the mortuary". However, once inside and duly greeted by the Secretary of the Dental Society and her team of gallant supporters, the serious business of the day began.

For the first time ever Clinical Day had a theme which was "Prevention in relation to Restorative Dentistry". Naturally there was a tendency to interpret this somewhat liberally in some cases, but there can be no doubt it was a good idea and as usual the standard of all demonstrations was high. There were two theatre cases in New Guy's House, and in the Casualty Department there was the now traditional and extremely popular diagnostic quiz. Another casualty display greatly appreciated was "I'm Taking These Pills, Guv." This was a magnificent presentation designed to help colleagues overcome the problem of identifying any drugs being taken by patients.

In the Department of Periodontology and Preventive Dentistry there were displays in Treatment Planning, Periodontal Charting and Topical Fluorides. On the practical side alumini were enticed to have their plaque disclosed by a group of attractive trainee hygienists. It was gratifying to see how few resisted the invitation but rather disconcerting to see how much plaque was displayed — and to make matters worse a Polaroid colour print was presented displaying in most vivid colour the disastrous state of affairs! Perhaps the most controversial demonstration was the one which showed "Periodontal Treatment under Relative Analgesia". To those who thought the technique was new, it must have come as a great surprise to hear Mr. A. H. Pallent, who qualified in 1904 and was returning for the first time to Guy's, tell that he started using the method in about 1906, but at that time the apparatus was less complicated and that he and his father made their own "gas" in the cellar under the surgery!

Moving on to the first floor, demonstrations in the Prosthetics Department dealt with partial dentures. Planning and design of appliances to minimise tissue damage was an important trend throughout all the Department's presentations.

The Department of Oral Immunology and Microbiology bravely tackled the question of "Vaccination and Prevention of Caries" and it was pleasing to observe the note of caution put forward regarding the status of this procedure. It was obvious that a considerable amount of further detailed and meticulous research is necessary before the full potential of vaccination can be assessed. Likewise in the field of periodontology important immunological aspects are emerging which could well play a crucial role in orientating future treatment patterns.

From the Department of Oral Medicine and Pathology there was a most impressive display of Electron Micrographs showing the ultra-structure of Candida Albicans, and in the caries field there was a demonstration underlining once again the relationship between sucrose containing sweets and plaque formation.

Traditionally the Department of Conservative Dentistry has a tremendous wealth of practical demonstrations intended to bring people up-to-date. This year was no exception. Root canal instrumentation, air turbines, impression materials, jacket crowns, pins, ceramics in bridgework, and steriods and the exposed pulp, were just but a few items on show.

Cost of dental materials is a constant anxiety to most practitioners and the demonstration in the Department of Dental Materials Research made a very helpful comparative assessment of the cost of both the newer and older of the more popular materials.

In the Dental Department for Children there was the usual varied fare. Extractions in the prevention and treatment of malocclusion, extra-oral anchorage, the problems associated with fractured incisors were just some of the subjects under consideration.

The Pre-prandial lecture was given this year by Mr. George Gibb, Chief Dental Officer, Department of Health and Social Security.

Speaking to the title "The future of Dentistry in the Reorganised National Health Service", Mr. Gibb traced the history of the N.H.S. and then outlined the structure of the reorganised service explaining the position of the dental services within the overall plan. He stressed that for the practising dental surgeon there would be very little noticeable change; the changes would be mainly concerned with management which would ensure greater opportunity for more efficient advancement and expansion of the service in all its many aspects.

After lunch Professor R. A. Cawson delivered his traditional lecture "Cases You Have Sent", in which he presented a series of interesting cases referred to his department by colleagues in practice. As usual the lecture theatre was packed with an interested and appreciative audience.

The day's proceedings concluded with tea in the East wing before people retired to prepare for the evening's festivities at the Hyde Park Hotel.

To make Clinical Day a success a tremendous amount of extra work is involved. Demonstrators start preparing their exhibits well before Christmas in time for Medical Artists and Photographers to transform their ideas into reality and in this respect Miss Archer and her team in Medical Illustration and Miss Hodgkin and her colleagues in Dental Photographic once again excelled themselves. Miss Hooley and her female supporters provided the strength to prepare the Dental Department on Friday afternoon (it was pleasing to note that she did manage to obtain some male help to clear up on Saturday). Finally Mr. Harper and Mr. O'Sullivan of the Maintenance Department were, as always, quite indispensable.

M. N. N.

The Pirates of Penzance

March 14th—17th. Guys Hospital Music Club

Rossini, who is remembered more for his music than his words, once said "if you give me the laundry list I will set it to music". However, even such a dull libretto could be enlivened if performed by the members of Guy's Hospital Music Club, certainly if their recent performance of Gilbert and Sullivans' "The Pirates of Penzance" is anything to go by.

In this, their first venture into the realms of the Savoy operas, everyone, and I mean everyone, gave of their utmost in a way which the capacity audiences clearly appreciated. Never for one moment were we left wondering what the plot was or who was singing what to whom, for above all clarity of diction stood out in this performance. Musically too there was nothing to be desired, except more, and where appropriate this was given.

Outstanding in an outstanding cast was the performance of Jill Speight as Mabel. In this singer the club has a real asset with a voice like quicksilver and full advantage was taken of her talent in this difficult part. Mention must also be made of David Jackson who played Frederic with a confidence and expertise not normally associated with amateur companies.

Performances of equal enthusiasm and quality were given by all the other members of the cast and by the orchestra, either as individ-

Most of the cast including the Pirate King (D. Barnard) and the Major-General (Peter Willicombe).

Mabel (Jill Speight) and Frederic (David Jackson) in their splendid duet.

uals or as groups. Not only as singers did the cast shine, but the over-acting which these operettas call for came over with good effect. Alison Fookes as Ruth, the Pirate maid of all work, was very reminiscent of the classical pantomine dame and the Chorus of Police would have not been out of place among the Keystone Cops. The Motley Chorus of Pirates looked as if they had stepped right out of the pre-clinical laboratories, that is to say they appeared to be a right scurvy crew and their "cat-like tread" would have wakened the most somnolent.

The producer, John Squire, and the musical director, Richard Hayward, are both to be congratulated on the presentation of a performance which will go down as a very creditable first for Guy's. Now the break into the world of operetta has been made, it is to be hoped that the works of Gilbert and Sullivan will again take to the boards of the Duthy Hall Theatre with the same controlled erudition and harmony.

NURSING

The Unpopular Patients

Following the erroneous comments in the press stating that nurses were about to strike, the profession has again featured in recent headlines, when a report on attitudes towards patients was published. Apparently, according to one of the supposedly reputable Sunday newspapers, nurses "punish" the more unpopular patients by such subtle and devious methods as refusing to answer their requests, or, worse still, by declining to converse with them.

A list of characteristics was given for the information of those wishing to become a popular patient. Unfortunately, if one were to believe this, the necessary requisites to achieve that status, are so exacting, as to be unobtainable to any sick person aspiring to the enviable position. One would need to be in the best of bounding health to combine all of these features, and it is extremely doubtful if many of those who are well acquire the desired standard for most of the time.

The report was, of course, grossly exaggerated by the press, and the author, when she was interviewed on television, appeared a very reasonable individual. However, it does seem that the subject has been given a somewhat onesided look, and that there might be other aspects worth a little consideration.

Nurses, are surprisingly enough, human beings, and as such tend to exhibit behaviour patterns which are similar to other members of their breed. Many student nurses are still teenagers, and have not reached maturity. Furthermore, they are learning, in conditions which frequently are far from desirable. In addition, they often have not acquired mastery of their own emotions, quite apart from handling those of others who are under stress. Under the circumstances, in fact, their behaviour is for the most part quite remarkable. However, is it not normal for them to prefer the more cheerful gregarious patient who is not seriously ill, to the one who is not so fortunate to possess that type of personality, or, who is more sick? The patient who demonstrates gratitude in a material fashion, by small gifts, always earns thanks, although more senior nurses are not always quite so appreciative of their cooperation, since at times it can prove more than a little tiresome. Moreover, the patient who has not the basic courtesy to even appear pleased to have recovered, and does not manage a mumbled thanks as he departs — and there are a small number of these — is possibly not going to find himself to be a great lure to the staff.

If, however, nurses are victimising their patients in any way at all, a search must surely be made for the cause in order that the matter may be rectified. One learns attitudes from watching those of one's teachers. Could it be that the system generates nurses who have poor standards from those who lead them, and then pass these on to others in an unbreakable vicious circle? The author of the report is a tutor,

might there not be an answer in that direction. The Salmon system might have created a career structure, but it completely forgot the needs of the patients. Both the educators and the administrators are frequently so concerned with the high-powered problems associated with their fields of work, that all else is excluded.

This report was undertaken only in a very small area. If, however, it is a reliable indication of nursing attitudes, then the problem should be contemplated rationally, the cause sought, and the solution found.

CORRESPONDENCE

Fluoridation

SIR,—Surgeon Rear Admiral W. I. Forrest C.B. (Retd.) in the issue of 24th February, has expressed my beliefs since about 1959, at a time when the Dental Health Committee of the B.D.A. were not prepared to consider what effect a slight modification of the diet could have on a child's mental, general and dental health.

The concluding paragraph of a joint Paper by Horsnell, A. M. and Scott, E. (1959) "A Combined Attack upon a Common Problem" *Prov. Nutrition Soc.* 18, 70. reads thus:—

"Students responsible for the dental care of the children are able to appreciate, from the evidence among their own patients, that caries can be controlled by reasonable attention to diet. They also begin to understand more fully that the teeth are truly part of the biological whole person.

Your sincerely,

STANLEY P. MEACOCK.

6, Carlton Gardens,
Warwick Avenue,
Coventry, CV5 6DH.

Australian Guys

SIR,—Congratulations on the excellent Centenary Edition, which no doubt was read with great interest by a large number of Guy's men and women abroad.

It seems to be an appropriate time to start at least one overseas society of the Hospital, for here in Sydney we have had an informal Guy's group for over ten years. The group incude Guy's men and women who have attended as postgraduates, many of whom are just as interested in what is going on now at Guy's as those who were undergraduates at the Hospital.

In the past few years, the late Sammy Wass, Hedley Atkins, Peter Bishop, Guy Blackburn and Tom Lewis have been our guests at Guy's reunions and, last October, we were fortunate to dine at the Apia Club (the Sydney Italian Club) with a trio of anaesthetists and their wives—Michael Hutton, David Carnegie, and Mike Potts. The following were present:—

*Year of qualification or postgraduate study.

Michael Blunt	—	Challis Profesor of Anatomy, Sydney University	1944
Clive Barrett	—	General Practitioner	1962
John Boger	—	Health Administrator	1955
Peter Cook	—	General Practitioner	1953
Derrick Dodshon	—	General Practitioner	1954
John Farrell	—	Physician	*1955
Diana Griffin (née Merrett)	—	Nursing Sister (Nuffield)	*1956

Gwlym John	—	General Practitioner	1955
Doug Keller	—	G.U. Surgeon	*1948
Sue Kennewell (née Ireland)	—	Nursing Sister	1956
Geoffrey Latham	—	Neurosurgeon	*1958
Tony Orsmond	—	Psychiatrist	1955
Mike Rallings	—	Medical Director, Roche Products	1961
John Raven	—	Haematologist	*1970
Petronella Raven (née McMaster)	—	Nursing Sister	1965
George Schiller	—	General Practitioner	1948
Mike Steyn	—	General Practitioner	1961
Frank Taylor	—	Ophthalmologist	*1960
Osler Thomas	—	E.N.T. Surgeon	1956
Bob Webb	—	Community Psychiatrist	1951
Apologies were received from:—			
Peter Dobson	—	General Practitioner	1966
Neville Don	—	Paediatrician	*1970
Lionel Evered	—	Radiologist	1947
Harris Greenberg	—	Psychiatrist	*1952
Derek Harris	—	General Practitioner	1952
Roberta Shepherd	—	Physiotherapist (New Cross)	*1958
Mick Stoner	—	General Practitioner	1951
F. Summers	—	Retired Dental Surgeon	1954
Graham Fisk	—	Anaesthetist	*1959
Paul Older	—	Anaesthetist	*1955

It may well be that other Guy's men and women living in New South Wales were not invited because we did not know they were here. Peter Cook, 3 Reiby Road, Hunter's Hill, New South Wales. 2110. and I will be pleased to hear of any who would like to join our informal group. Peter and I will not only act as a point of contact for the prospective and newly arrived, but also undertake to keep the *Gazette* posted of important events. Michael Blunt, for example, has just been appointed to the Challis Chair in Anatomy at Sydney University from the Foundation Chair at the University of New South Wales. the latter but thirteen years old.

As I write I see that John Bates is but 50 miles away at Bulli (*Gazette* letter of 2.12.72). The need for a society is even more obvious because I do not believe that any of us knew he was here.

Yours faithfully,

JOHN BOGER.

15, Carnarvon Road,
Roseville,
New South Wales. 2069

Residents' Play

SIR,—I am pleased to inform your readers that the Residents' Play "Private Knives" will now be held on April 23rd to 27th inclusive in the Physiology Theatre. Tickets are available from John Cann, c/o Medical Staffing Office, Guy's Hospital, S.E.1.

Yours faithfully,

W. J. JENKINS.
Resident of the Residents.

Guy's Hospital

Everyone a Winner? Or just Sour Grapes?

SIR,—My enjoyment of the Rugby Club Ball was spoilt by the manner in which the raffle was held. The winning tickets were not drawn in public and the direction in which certain of the prizes went led many people to suspect that more than luck or coincidence was involved.

I like to give my financial support to the Rugby Club, but the suspicion that my money was obtained from me under false pretences makes me disinclined to continue any support in the future.

It is the duty of those who organise a raffle or lottery to ensure, not only that the entire proceeding is beyond suspicion, but also that it should be seen to be so by all who care to look.

In addition, if all punters are not given an equal chance in the draw, the raffle organisers may find that they have contravened the Betting, Gaming and Lotteries Act and if prosecuted, convicted and fined, they may convert the Rugby Club's moderate loss on the Ball into a rather substantial one.

East Wing,
Guy's Hospital.

Yours faithfully, B. H. BOYLE.

In Reply

SIR,—In past years, the Guy's Hospital Rugby Club Ball has always been a very enjoyable and successful evening, and this year has been no exception. An important part of this success can be directly attributed to the continuity of the proceedings. In order to maintain this continuity, it has been the custom for the draw of the Tombola to be made without ceremony and for the winning tickets to be announced following the official speeches.

We note Mr. Boyle's letter, and will inform next year's organisers of his comments and in particular of his legal prowess, and no doubt they will view them with the consideration they deserve.

In conclusion, we would like to thank the patrons of this year's Ball and hope that they, at least, had an enjoyable evening.

Yours sincerely,

M. L. V. PORTELLY, *Hon. Ball Sec.*
K. F. RIGG, *Social Sec. and Asst. Ball Sec.*

East Wing,
Guy's Hospital.

NOTICE

The Music Club has produced a recording of its recent production of "The Pirates of Penzance." This will be made into a 12″ Sterio LP playing for approximately 44 minutes. If you would like a copy of this record please send your order (£1.00 per copy) to: J. A. GREGORY, c/o East Wing, as soon as possible.

University Malaise

Outline *briefly* the cause of the following diseases:

a) Phenylketonuria
b) Pompe's disease
c) University of London 1973

(From an exam paper sat at University College and Hospital).

SPORT

SPORTS DIARY

APR.	7	RUGBY	Old Whitgiftians	Croham Rd.
		BOAT	Oxford/Cambridge Boat Race	Putney To Mortlake
	14	RUGBY	Sidcup	Crescent Farm
	19-22	HOCKEY	1st XI Tour	Folkestone
			Spirochaetes Tour	Paignton

RUGBY

GUY'S vs. NUNEATON

10th March H.O.P.

Lost 15—18

This was a close game that the hospital was unlucky to lose. Nuneaton began to flourish, their forwards fiercely taking play into the Guy's half. They opened the score with a dropped goal.

The Guy's pack, initially subdued, came back with some determination and it was then the turn of Nuneaton to defend their line with some desperation. The visitors heeled from a scrum close to their line and Holliday successfully harassed the scrum-half, kicked on the loose ball and scored. Danford converted. For quite some time Guy's had the advantage and both Portelly and Yetton on the wings were given opportunities to run. In the event it was a superb dropped goal by Evans which allowed Guy's to pull further ahead. If Danford had succeeded with two relatively easy penalties at this stage Guy's position would have been virtually unassailable. As it was, Nuneaton produced some strong running in the later stages of the first half and drew ahead with two goals.

After the interval with the score standing at 15—9 Guy's played with increasing authority. Attacking with verve, there were quite a few scoring chances that were well created but poorly finished. It was frustrating to see Nuneaton add to their total with a penalty after one of their few incursions into the Guy's half.

Undaunted, Guy's continued to play a high standard of running football and a long awaited try came when Hagan picked up from a maul and squeezed through a knot of defenders. Danford converted with ease.

Once again Guy's had finished the stronger of two sides, played more skilful rugby and yet failed to win.

Team: G. Evans, T. Gibson, T. Want, D. Stuart, S. Challacombe, N. Allen, H. Holliday, B. Hagan, M. Phillips, G. Owen, C. MacLaughlan, A. Campbell, R. Yetton, A. Portelly, M. Danford.

T. G.

GUY'S vs. CAMBRIDGE

24th March H.O.P.

Won 47—20

A series of last minute team changes made little difference to Guy's performance. Against opposition who started well but whose confidence visibly ebbed in the second half, Guy's accumulated more points than they have for a long time.

The hospital dominated mid-field play and for once the pack had a decisive advantage which allowed an abundance of clean possession. The backs followed

a policy of running from every position and with Harker and Allen frequently slipping into the line the over-lap produced a steady flow of tries.

Cambridge seemed to have no answer to Guy's onslaught and frequently Yetton broke through their defence with hard and direct running, usually finding some support and himself scoring two tries. Harker, playing his first game for the first fifteen also scored two tries and could scarcely believe his fortune when a stray kick floated into his arms with the Cambridge line undefended and within sprinting distance. Other try scorers were Campbell, Allen (2) and Portelly. Fitton converted six of these and not all of them were easy. He also kicked a penalty.

Cambridge, dispirited and deprived of useful ball still managed to score 20 points largely because Guy's were a little too indulgent at times. It was nevertheless a satisfying victory and a credit to Guy's whose style of open rugby, frustrated at times in the past, was allowed to flourish on this occasion.

Team: T. Want, T. Gibson, G. Evans, R. Massey, K. Rigg, N. Allen, H. Holliday, B. Hagan, D. Oram, M. Danford, A. Campbell, R. Fitton, R. Yetton, A. Portelly, J. Harker.

T. G.

RUGBY

JUNIOR HOSPITALS CUP FINAL

GUYS II vs. WESTMINSTER II

22nd March, 1973. Won 13—12

Guy's entered the final of the Juniors Cup having defeated the London Hospital (9—4) and St. Thomas' Hospital (25—13). The venue was Bart's ground and the conditions, hard ground with temperatures in the sixties, insured a tough struggle for the Cup.

At the outset, Guy's outplayed Westminster in almost every phase of play, going forward in set-pieces and loose play, so it was with some justification following good forward play, the backs after gaining the overlap, put Harker over for Guy's first try. Most of the remaining first half was spent in Westminster territory but even after repeated drives by notably the back row of Loxton, Brazier and Portelly, the opposition were lucky only to give away a penalty, easily kicked by Fitton, as with the previous goal.

Leading 9—0 at half-tme Guy's relaxed. as has occurred in a number of "A" games this season, Westminster took the initiative and with a series of fierce attacks managed to score two tries both of which were converted. Certainly a setback to all the previous efforts and with not a great deal of time left for play, Guy's pack, lead by Massey, and supported by some well positioned kicking from Moore and McLauchlan, drove up near the Westminster line again. It was after some classic forward play, clean ball again enabled the backs to cut through the opposition defence and give Fitton four more points. The remaining minutes of the game must have seemed nothing short of suicide to the spectators, since with the score at 13—12 Westminster were presented with one penalty after another, but their attempts were only sufficient to visibly age Guy's supporters, and not alter the score.

Team: R. Massey, D. Robinson, T. Want, R. Burlinson, M. Gilhooly, J. Rooke, J. Brazier, P. Loxton, M. Portelly, D. Oram (Capt), R. Moore, M. Coe, R. Fitton, C. McLauchlan, A. Portelly and J. Harker.

REVIEW OF GUY'S II GAMES 1972/73 SEASON

Overall the season produced after 24 matches: 13W; 2D; 9L. (For 456; Against 368).

Notable games were against U.S. Portsmouth II (12—12), always a strong side and wins against, Meadhurst (6—4), Christ's College Cambridge (27—14), City University (18—0) and United Bristol Hospitals (24—0). Although there

have been some defeats such as against Metropolitan Police "A", being defeated by Nuneaton II (20—18) produced one of the best games of the season, and it was perhaps unfortunate that to all eyes but one this game should have been drawn. As for players, Robinson, Brazier, Loxton, Moore and Harker, have played some outstanding football, but all who have played regularly for "A" XV this season are potential First XV members.

D.A.O.

HOCKEY

CUP FINALS

Inter-Collegiate Cup vs. Imperial College Lost 0—2

Inter-Hospital Cup vs. St. Thomas' Lost 1—2

Guy's had the chance to achieve an unprecedented "double" Cup victory but ultimately failed in both finals after a convincing run through the preliminary rounds.

Imperial College, with a far more versatile forward line and the better ball control always looked penetrative in open play while Guy's were continually obstructing and fouling unnecessarily. Forber and Crawshaw were missing from the forwards but nevertheless it was Guy's who made the first chance as Burns tried to lay on a certain goal for Sparrow, only to be thwarted by the tip of the goalkeeper's boot. I.C. scored as their left wing broke away from Duckworth's bulldog attentions, went between the full backs and rounded Cottingham. A similar move a few seconds later brought out the save of the match from Calvert busily covering as ever.

However, Guy's were unlucky not to score from their six short corners and having blown these chances allowed I.C. to demonstrate that it was their day by striking an idyllic corner — and they only had two, past a demoralised defence.

The game against St. Thomas' was far better and one of greatly differing halves. Apart from a fine run by Clark, the opposition monopolised the ball at first and only two fine saves by Selley, prevented an early score. Eventually Wright had the chance to make his corner shot resound around the ground while Cottingham was "bearing out" to a more kindly galaxy. Wright's Excalibur stick made it 2—0 for Tommies before half-time and although Guy's had not played badly this truly represented the superior skills of our opponents.

The whole picture changed after the interval, as needled on by supporters, Fell and Phoenix took over the midfield and Duckworth and Calvert cut out everything on the wings. Fell shot inches wide being slightly off balance, and a clever reverse pass by Flint nearly earned a penalty stroke. But of no fewer than eight short corners only one was converted (by Sparrow) and the final whistle went as the ninth corner was earned.

Two lost finals are a sad disappointment for the team but in the final analysis the games were lost on corners. This failing had been recognised in the semi-finals but in retrospect nothing sufficient was done to perfect the routine. Taking both games together our opponents scored from 3 out of 5. Guy's scored from 1 out of 14; a sad way to go out when we had a team as good as this.

R. B.

Teams from:— J. Cottingham (Captain), M. Selley, G. Sparrow, P. Duckworth, I. Phoenix, P. Calvert, P. Wilmer, R. Fell, R. Clark, R. Burns, A. Smith, S. Flint.

"Club Captains are reminded to submit recommendations for Full and Half Blues for Season 1972/73 to the Blues Committee Secretary as soon as possible".

HOSPITAL INFORMATION

Applications are invited for the following house appointments due to begin on 1st June, 1973. Forms of application are obtainable from and should be returned to Mrs. Webster, Medical Staffing Officer, not later than 19th April, 1973.

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

House Physicians (3)
House Surgeons (3)
Throat and Ear House Surgeon (1)
Gynaecological House Surgeon (1)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months appointment at Guy's or elsewhere.

House Physician (1)
House Surgeon (1)
Genito-Urinary House Surgeon (1)
Thoracic House Surgeon (1)

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) (1)
Preference given to second six months' candidate.
House Surgeon (pre-registration) (1)
Preference given to second six months' candidate.

NEW CROSS HOSPITAL

House Physicians in General Medicine with Rheumatology and Geriatrics (2)
(pre-registration

OUTER HOSPITALS

Preference will be given to second six months candidates for the following posts, but first six months candidates may apply.

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Mallinson (1)
House Surgeon to Mr. Williams and Mr. Park (Urology) for three months, then Mr. Eldin and Mr. Candy for three months. (1)
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf (E.N.T.). (1)

ST. HELEN'S HOSPITAL, HASTINGS

House Physician with Geriatrics to Dr. Irvine (Locum from 16th May) (1)

HITHER GREEN HOSPITAL

House Physician to Dr. Price and Dr. Brown (1)

LEWISHAM HOSPITAL

House Surgeon to Mr. Lynn Evans (1)
House Surgeon to Mr. Ivo Smith (1)
House Physician to Dr. Price (1)
House Physician to Dr. Roberts (1)
House Surgeon with Orthopaedics to Mr. Monty (1)

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson (1)
House Surgeon to Mr. O'Flynn (1)

PEMBURY HOSPITAL

House Surgeon (1)
House Physician (1)

ORPINGTON HOSPITAL

(Married accommodation available)
House Surgeon with Orthopaedics to Mr. Walker-Brash and Mr. Lam (1)
House Surgeon with General Surgery to Mr. Boxall and Mr. Lam (1)
House Surgeon with E.N.T. to Mr. Walker-Brash and Mr. Rainer (1)

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott (1)
March, 1973.

BIRTH

SEARLE: To John and Elizabeth Searle, a son, Mark Robin, on 15th March, in Victoria Ward, a brother for Timothy and Rebecca.

CHANGES OF ADDRESS

Mr. L. E. Balding, 18 Glebe Villas, Hove, Sussex BN3 5SN

Doctors Howard and Carolyn Mowbray, P.O. Box 68, Nongoma, Zululand (Kwa Zulu) South Africa.

Dr. J. F. Murray, 501 Chester Road South, Kidderminster, Worcs.

Dr. H. C. Sharp, 19 Ashwell Lane, Glastonbury, Somerset BA6 8BG

Mrs. J. M. Wild, B.D.S., 4 Doone Street, Macgregor, Brisbane, 4109. Queensland, Australia.

PERSONAL

CROYDON (15 minutes from London Bridge) Three bedroomed Georgian-styled Town-house with 4th bedroom/study, laundry room and inbuilt garage. Gas central heating, Wrighton kitchen, terraced garden and green-house. £17,950 for quick sale. Tel.: 01-688 3573.

FOREST HILL—Furnished flats to let 15 gns—24 gns per week. Available April and Mid July. Minimum tenancy six months. Apply: Bromley & Co. Tel.: 699-1181.

OPENING for ambitious Dental Surgeon in Bexley (only half-hour from London). A retiring Dental Surgeon has house for sale which has been re-built since the War. Two large reception rooms, large, well-equipped kitchen, sun lounge and four double bed-rooms. Separate surgery accommodation. Suitable for professional purposes or capable of being converted into separate flats. House on site that has been Dental Surgery for over 50 years. View by appoint-ment. Tel.: Crayford 24293. London area code 29. STD code 03225.

PARTNERSHIP offered after short prelimi-nary assistantship. Three stages to parity in April, 1976. Five-man practice. Urban/Rural. Warwickshire / Northamptonshire border. Obstetrics essential. Box 5/3.

SUNNY HOLIDAYS. MALTA. Attractive house to rent. Old-world charm/modern comfort. Sleep four. Telephone, deep freeze, roof terrace. Car/laundry services available. From £45 per person for two weeks in-cluding jet flight. T.: Robertson-Ritchie, Chichester 82337.

GUY'S HOSPITAL GAZETTE

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NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2211

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Cost of Salmon

The rush to implement the Salmon Structure of nursing administration has now almost ended, as most hospitals are now functioning under this scheme. Whether successfully or not, is of course a matter of opinion, and that has been expressed by a great many people. One aspect of the change however, has appeared to attract very little attention from either the hospital authorities or their staffs. This is the matter of expense. How much have the public unwittingly paid in order to finance a scheme, which to say the least, is of debatable value.

In the first instance, there is the question of staff. Every hospital or group, now has at least two Matrons instead of one as before. In addition to them there are all the necessary "area" administrators and their attendant minions and secretaries. As a result, Parkinson's law is able to be utilised to full capacity.

In order to allow all these people to be appointed to their jobs, interviews had to be held. Even when there was only one applicant, and the outcome was a foregone conclusion, the interviews were, it seems, essential. For the interviews, a committee had to be formed, and outside assessors co-opted for the occasion. When one considers that this has been undertaken throughout the country, involving travelling expenses of some consideration, this must have been an extremely expensive exercise.

Having been appointed, everyone has to change their name. The title "sister" is it seems no longer sophisticated enough, and all revert to "Miss". Despite the fact that no one, including the public, favours

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Remember glass shows on X-rays

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this. There is of course the view, that those concerned have effectively abandoned nursing, and thus their claim to a nursing title could be disputed. All this would not be so bad, if it did not involve all and sundry being issued with a new name badge. These items cost an appreciable amount each, and since most hospitals use the same type, the costs soar yet again. It was not apparently possible for people to wear out their old badges, as a clean sweep was necessary.

Finally there is the matter of uniform. Again it was a question of all change; and only the best would do. Some hospitals even have their uniforms designed by well-known fashion experts. It seems that those infinitely more easily washed and therefore more hygienic dresses produced for just under £4.00 by that well-known chain store are not adequate.

The cost of Salmon must have been very high indeed, and to it very little consideration appears to have been given. If the system had proved of great benefit the expense might have been considered worthwhile. As it is, no one waited for the results of the pilot schemes, in order to avoid mistakes. Could it be then, that in these inflationary days money has been spent, which ultimately will prove to be a source of regret?

This Passim has been written by our Nursing Correspondent Miss P. M. Jefferies.

GUY'S DIARY

APRIL

26	Th	1.00 Clinical Lecture. Dr. OGG "Nephrotic Syndrome".
27	Fr.	1.00 Clinical Lecture. Dr. HYAMS "Geriatrics as General Medicine".
30	M.	1.00 Clinical Lecture. Dr. WELLS "Genes Under Skin".

MAY

3	Th	1.00 Clinical Lecture. Dr. OGG "Chronic Renal Failure".
4	Fr	1.00 Clinical Lecture. Mr. FAWCUS "Communication Disorders in Adults".

NEWS IN BRIEF

Rheumatology Demonstration

Demonstration panels produced for the Department of Rheumatology will be exhibited in the Gordon Museum until 5th May, 1973.

South African Electives

We are delighted to hear from Drs. Howard and Carolyn Mowbray that there are facilities for medical students to do elective periods in a 600-bed general hospital in South Africa serving Zulu patients. Further details may be obtained from the editor.

A Study Conference on "The Care of the Dying"

TUESDAY, 1st May, 1973, at GUY'S HOSPITAL
(East Wing, 1st Floor)

The object of the conference is to study the needs of the dying person (and relatives) and to see how these needs can best be met in a general hospital.

THE PROGRAMME

10.00 a.m. Meet for coffee (1st Floor — East Wing) (by main entrance).

10.25 a.m. A welcome from the Chief Nursing Officer.

10.30 a.m. The Morning Symposium — Chairman: Dr. R. K. Knight.

Miss M. A. Nevell (Director of Studies at St. Christopher's Hospice).

The insights and practices of St. Christopher's that might be relevant in a general hospital.

Dr. Ronald Gibson (General Practitioner)

Community care and its links with the hospital.

Dr. Michael Simpson (Guy's Hospital)

Accepting death — attitudes of patients and relatives.

12.45 p.m. Lunch.

1.45 p.m. Discussion Groups — these may be arranged to discuss various question concerned with the care of the dying.

2.15 p.m. A Panel for "ANY QUESTIONS" — Chairman: Professor J. R. Trounce.

The panel will be made up of people with varied experience in this subject, and will attempt to answer and discuss the questions raised. It is hoped that written questions will also be handed in during the course of the morning.

3.30 p.m. Tea and a closing word from the Superintendent.

South Wales and Monmouthshire Guy's Hospital Society

The Twenty-second meeting and dinner of the Society took place at the Park Hotel, Cardiff, on 10th March, 1973.

Fifty-six members and three guests were present. Dr. George MacVicar was installed as President for 1973-74 and Mr. Salmon was the principal guest from Guy's. He proposed the Toast to the Society followed by a succinct and informative account of some of the plans for the future development of the Medical School and Hospital which was well illustrated with slides.

The Chairman, Mr. Morwent Brown presented life membership certificates to Mr. Salmon, Mr. Harley and Mr. Beverley Burton.

Mr. Tweeney showed slides of familiar faces taken at a recent Dental Society meeting at Guy's.

A happy evening ended with old friends meeting in the usual informal way at the bar.

The Society welcomes new members and any Guy's man or woman who wishes to join, may do so, by sending their name and address together with 50p. (annual members fee), to the Honorary Secretary, Dr. H. A. Thomas, Woodlands, Cwrt-yr-ala Road, Cardiff CF5 5QS.

H.A.T.

The names of those in the photograph in Left to Right order are:— D. R. Edwards, H. R. S. Harley, G. Lloyd, E. James, L. W. F. Salmon G. MacVicar, L. H. S. Goodliffe, G. M. Brown, H. A. Thomas.

The National Health

by Peter Nichols

Presented by Guy's Hospital Theatre Club

It is said that the author of this play was once an in-patient at the Whittington Hospital at Highgate. When he realised that he would live through this ordeal, he decided to write a play that would show the National Health Service, warts and all, to the rest of the world.

This is a fairly fashionable theme. It is a long time since the theatre moved away from heroic drama and towards the kitchen sink. Now it has abandoned the kitchen sink and veered towards the hospital sluice. The movement is imperceptible — this is still full-blooded dramatic realism. Whether we are entertained or appalled by this theme depends on our own background. This is swinging entertainment, perhaps, for the man who spends his life tightening screws on an assembly line; but if your days are concerned with the anxieties of patients and the difficulties or the failures of looking after, them, you may prefer to book for "Jack and the Beanstalk".

The play is deeply disturbing and this is a measure of its success. It is about seven patients in a male surgical ward "which is built like a gutted cathedral". It is also about the staff, who take note of the patients but who are also concerned with their own problems. The hospital is the somewhat impersonal background to their lives in the outside world.

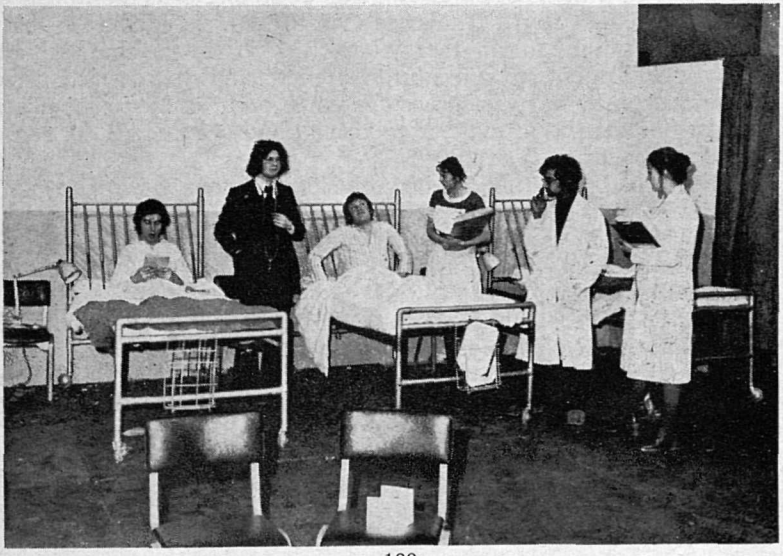
This was a very successful production. We knew it would be well

directed because, as the man in the *Times* said, Michael Rose has more degrees than Jonathan Miller. What we did not know was that it would also be well acted. It is invidious to give special praise to individuals, but Barrie Price, as Loach, gave an excellent performance as the chain-smoking, bloody-minded alcoholic who "won't be pushed around" but does exactly as he is told. He is rewarded by his eventual discharge, still nursing his leg cramps, back to a single rented room and cat-and-dog relationship with his wife. Geoff Newman, too, was very convincing as Barnet, the light-hearted, cynical male orderly. Barnet gives an anti-hero commentary on the events going on around him, including an attempt at treating a cardiac arrest. "Typical shambles", he says. Michael Wink, as the dying Mackie, has another point of view. "If somebody doesn't let us die" he says, "there are going to be seventy million British by the turn of the century". "I shall get you a sedatve", says Sister.

For a variety of reasons, mostly technical, the Guy's production required the replacement of two scenes with an ingenious set of slides, projected on to a back-cloth. The off-stage voice of Mr. Boyd the surgeon carried conviction, though not quite in character with Graham Prince, who took the part of Mr. Boyd on stage. As the projected slides became more psychedelic towards the end of the series, we were left with a prolonged view of the reddened eyes of a patient with a fractured skull. At this point the message was perhaps a trifle enigmatic.

A most successful evening for Guy's Hospital Theatre Club but a rather depressing play. As in a carefully edited television discussion, we had been shown all sides of the question while the editor's one-sided argument was conveyed. As the lights came up and we looked soberly around us, one's last impression was that the Physiology Theatre is still as under-capitalised as the Health Service.

M. H. Lessof



A Century of Those Whose Business Ties with Health

W. Sheeran

Part II

The "Million Shilling Fund" was started at Guy's in 1905 in order to contribute to the cost of the completion of the building work commenced in 1897. The boxing club was not slow in volunteering its help and so Minett organised a display in the Physiology Theatre before some of the staff and sisters, but most of the seats were taken by outsiders who wanted to contribute to the fund.

News of the Cullinan diamond weighing 3,026 carats, which had just been mined in the Transvaal, was in the papers, but the real gem that evening was a 3-round contest between Mr. Charles Higgins and Jem Brock (no pun intended). Mr. Higgins was an Ophthalmic Surgeon who kept himself very fit indeed and to take on one of the ex-professionals at the age of sixty, even an exhibition, showed his stamina. But this was only a foretaste of the show that he put on the following year.

The keenness of Mr. Higgins and E. P. Minett was such that when organising the 1906 tournament they had the editors of the *Gazette* going overboard " . . . in an attempt to back up Mr. Higgins and Mr. Minett in stimulating some active enthusiasm in the noble art of self defence at Guy's". The writers eulogised on the subject of boxing, doubting if the magazines were large enough to contain half their commendations.

"It is the most natural athletic exhibition of the sporting character of the British race".

" . . . the most important side of boxing is its moral aspect, its ethical side—its spirit. It teaches man to take a knock-down blow and come up smiling for another go . . . It teaches that skill and cleverness will often overcome brute strength and that dogged perseverance and pluck will sometimes overcome both; in fact it inculcates many lessons that go to make a good man and a good citizen, especially according to English ideas".

Minett had this time invited outside amateur boxers to show their prowess and delight the audience.

Two bouts by Guy's men opened the evening.

M. J. Macks vs. A. Baker

C. C. Freer vs. T. E. A. Carr

Then E. A. Fearman (Lynn A.C.) boxed A. J. Miner (Lynn A.C.) the Bantamweight champion.

Minett boxed with J. Hoare, the Middleweight champion, and was loudly applauded. Hoare then took on Mr. Coster and this was followed by Messrs. Miner and Pye "going for all they were worth".

There were then some fencing contests as a divergence and boxing was resumed with bouts containing Mr. Watt Wells, Mr. T. Vanner, Mr. Roger and Mr. T. Morgan.

Matt Wells was, of course, reigning Lightweight champion, Olympic representative and later, Professional Lonsdale Belt holder who came to Guy's as trainer in 1939.

Tom Morgan is still alive and, apart from being deaf, is as fit as a fiddle. He is to be found knocking about the Lynn gymnasium in Walworth at an age which he will not divulge, but he must be well over 80 years old. His secret of long life is, he says, to take steam baths, and he boasts that he has travelled around England just to try them for comfort.

The last contest of the evening was one between Mr. C. Higgins and "Prof" Jem Brock " . . . and the audience went mad with delight when these two smacked each other round and round the ring in an endeavour to knock the other out. It is difficult to imagine a finer object lesson than that given by Mr. Higgins, or one that is as likely to do good as an example of what a man should be capable of when he is sixty if he leads a proper physical life while making a living with his brains". This must have been an amazing sight indeed and this man, to show he was not yet done, finished the evening by making a speech thanking Dr. Pavy and others for their assistance towards its success.

The Inter-Hospital Competition was held in the Gymnasium and Guy's won both the Challenge Cup and the Boxing Cup. It shows the strength of the Club that, although a number of contestants had to pull out, they still won even though it meant swopping over sports. Minett, at the time was suffering from a large and painful "hoematomauris" which refused to go down and had to be lanced. Mills had scratched from the singlesticks and, as there was no replacement, Minett entered the lists with his head bandaged. — He won, and, as there was no M.C. available he did this job as well.

In the following year 1907, Minett organised a display in the Physiology theatre in aid of the Convalescent and Children's Homes at H.O.P. He advertised all over the hospital with bills stating that there would be demonstration of swordplay by members of the Royal Horse Guards and 2nd Life Guards, as well as boxing by reigning champions, Messrs. Mann, Warnes, Hoare and Webb. The feats of swordmanship were to include sheep and lemon cutting. The Handcuff King would show his ability and Sergeant Gilbert would give Indian Club solos.

This, of course, packed them in and a large number of nurses showed no lack of appreciation for the boxing. The gallery was filled with local patrons of the sport from the Borough and Bermondsey.

Dr. Allport entered the lists and boxed against the one-time middleweight champion W. G. Ross.

There was a "Miller and Sweep" contest in which the gloves of one boxer are dipped in flour and those of the other in soot. This presented a highly amusing study in black and white.

The highlight of the evening was an extraordinary exhibition by one Corporal Eggleton, who tipped the scales at 17st. 2 lbs. His feats included the use of the sword in cutting through a bar of lead 1" thick, slicing through a leather glove that had been rested on the

blade, dividing an apple inside a handkerchief without cutting the latter, chopping through a broomstick without tearing the paper loops on which it was suspended and finishing up by slicing a sheep in half with one blow.

It is presumed that the sheep was not alive beforehand.

There were 26 turns in all and Dr. Pavy paid tribute to the organising ability of Minett and thanked all for an enthralling evening's entertainment.

1908 saw the introduction of Alf Hewitt as trainer to the Boxing Club. For the next thirty years this "kind-hearted pugilist" was to coddle, coach and advise the lads in the best interests of the Hospital, Club and sport. On numerous occasions he was to take his team to the Inter-Hospital Championships in opposition to the good teams of St. Bartholomew's, who were then coached by Matt Wells who was later to take his place at Guy's. Great rivals these two and great friends.

Minett had retired as Secretary and his place was taken by R. G. Oram who ran the Assault-at-Arms this time in aid of the Nurses' Cottage, and Gymnasium Fund.

Minett would not be left out and so he boxed an exhibition with E. Mann, the ex-champion, and showed that he had lost none of his skill.

There were displays of fencing, bayonet fighting and gymnastics by the Pavy Gymnasium Club under the instruction of Staff-Sergeant Gilbert. The entertainment was increased by Indian Club swinging accompanied by Mrs. Wooding at the piano. Corporal Major Eggleton demonstrated his sword prowess and a Sergeant Mumford did the extraordinary feat of showing how to drill with lance, sword and gun on a slack wire, and finished off by undressing while still balancing on the wire. This caused great amusement and applause from the gallery and "nobbins" were thrown on to the stage.

Dr. Allport boxed three rounds with Mr. J. G. Ross, and the evening ended with a vaulting horse display by the gym squad.

This was the same year that efforts were made to start a club for "the playing of the game of golf".

At the Inter-Hospitals Championship, held in May at the East London College, Bow, Guy's were defeated by a very strongly supported London Hospital side, the only winner being A. H. Crook. H. G. Rice, L. J. Kemp and R. M. King also boxed.

E. P. Minett acted as M.C. That year, he was appointed Medical Officer for the Boxing team at the Olympic Games in London.

On the 24th November, the opening of the Charterhouse Mission in Crosby Road, was celebrated by a boxing show run by Dr. Minett which included five Olympic champions.

There were also fencing and gymnastic displays run by R. Oram, and exhibitions in wrestling by the Bacon brothers, one of whom was Olympic champion. The club got off to a great start, in no small way due to the interest and support of Guy's athletes.

The Assault-at-Arms was again held in the Physiology Theatre with the usual spectacular events, but this time there were five bouts of wrestling, which had then become a very popular sport. The

impresario, C. B. Cochran had, in 1906, introduced London to big time wrestling by producing Madrali, "The Terrible Turk", Yukio Tani, a Japanese, and the great Russian champion George Hackenschmidt at Olympia. Hackenschmidt became the idol of the ladies, and so the sport grew in popularity.

The London Hospital retained the Inter-Hospitals Boxing Cup but W. S. Stranack of Guy's won the Heavyweight Championship by knocking Foote clean through the ropes. A. S. Morgan and N. B. Neley also boxed. The boxing was of a low standard, but because of Stranack's performance he became the first boxer ever to be awarded a half blue. He was also one of the leading members of the XV and subsequently was awarded an England cap.

In 1910 there was no Assault-at-Arms, but there were competitions in Boxing and Gymnastics. There were no fencing entrants but wrestling was introduced as a hospital sport for the first time. A. C. Hancock and G. D. Eccles were awarded half blues.

19th September, 1911, saw the death of the great benefactor of the Boxing Club, Dr. Frederick William Pavy, in his 82nd year. He was born at Wroughton in Wiltshire in 1829, went to Merchant Taylor's School and entered Guy's in 1847. After serving as H.S. and H.P. he went to Paris in the early 1850's and worked at College de France under Claud Bernard and became interested in the Pathology of glycosuria, the chief work of his life.

He returned to Guy's in 1853 and became demonstrator in Anatomy. He lectured in Comparative Anatomy and Zoology for 10 years and was appointed on the staff as Assistant Physician in 1859. He held a Lectureship in Physiology for 21 years, his first colleague being Sir William Gull. Dr. Pavy became a full staff member in 1871 and a consultant in 1890. He gave Gulstonian Lectures at the College of Physicians in 1862 and 1863, Croonian Lectures in 1878 and 1894, was Lettsonian Lecturer in 1859 and Harveian orator in 1886.

The personality of Dr. Pavy is hard to assess from articles and letters, but it seems that outside his teaching he appeared somewhat aloof with a "cold and uninviting" manner. He travelled to and from the hospital in a Brougham, but did not appear to be an extrovert. I deduce that his colleagues did not know him very intimately.

A family tragedy happened in 1884 when both his wife and youngest daughter died. Later, when his eldest daughter and son-in-law died, he was left only with his love for hard work and Physiology.

Dr. Pavy bequeathed £2,000 to endow the gymnasium and so his name will live in the minds of students as long as physical exercise continues at the Hospital.

In 1945 "An Old Resident" wrote in the *Gazette*.

"By far the best lectures I attended were those given in Physiology by Dr. F. W. Pavy, who was recognised at the time as the leading authority on the subject of diabetes. He took great pains to make his teaching intelligible to the average students and often illustrated his meaning by actual demonstration on the living subject, a method which carried more conviction in a few minutes than any amount of oral description.

Dr. Pavy was a thorough man who used every possible means for the education of his students.

Earlier in the same year the Annual Competition was held and again some wrestling bouts were included. There were plenty of competitors in the boxing but alas the standard was not up to what was expected and this was reflected in the Inter-Hospital Championships that year, when London Hospital was again the winner and Guy's came a poor third.

In the same year a young Irish girl named Emily McManus qualified as a nurse.

Tom Ringer, the ex-Amateur Champion, was employed as Boxing Instructor in 1912. I am unable to find out whether Alf Hewitt was also at Guy's or whether he was temporarily absent. I would imagine it was the latter because the standard had deteriorated over the last two or three years and it is doubtful if a regular coach was available.

At the outbreak of war in 1914, most sporting activities at the hospital were suspended, but in May of that year, before the August Declaration, the Inter-Hospital Competition was held at the National Sporting Club and Guy's managed to tie with the London — 8 points each. How the club did this with only two representatives, N. E. Fasken and F. W. Stiven, is hard to understand, but both these boxers won titles in the Feather and Light weights respectively. (Photo, vol. 28, page 239).

The only boxing story relating to Guy's that I can tell of this era is one written by Charlie Rose in his book "Life's a Knockout". He was manager of the one-time heavyweight champion Frank Goddard. On returning from holiday he received a telegram which read — "Operated on yesterday at Guy's, would like to see you".

"As I entered the huge quadrangle I heard a voice shout 'Hullo Liz' (his pet name for me), and on looking up I saw Goddard on the balcony waving to me. Thinking it could not have been a very serious operation I went upstairs. He met me at the entrance to the ward, and with him stood the matron, to whom he introduced me. 'Oh. Mr. Rose' she pleaded 'if you have any influence with this man, will you please persuade him to go to bed as he had a major operation only yesterday and it is dangerous for him to be walking about'.

"Chucking the good lady under the chin he said laughing 'Ain't she beautiful, Charlie?' The Matron had to laugh and between us we got him back and she tucked him into his cot".

The Matron on this occasion was, of course, Miss Margaret Hogg.

1920 saw the re-appointment of Alf Hewitt as instructor and a resumption of serious competition at the hospital.

Guy's drew against a strong team at Oxford but, as the lightweight did not turn up, the captain urged in the sporting way of the times that Oxford should claim a win by default. The Oxford Captain, Mr. Dove, " . . . naturally disclaimed a vicarious victory on the total score and stated at a pleasant post-pugilistic symposium, that his club would prefer to consider the contest a draw".

S. P. Meacock, J. D. S. Thomas, J. N. D. O'Rafferty, R. F. H. Duncan, J. A. F. Dempsen and W. H. Summerskill boxed. I have

been unable to trace if this Summerskill were a brother of the noble Lady, but it is an interesting thought.

In December of the same year, Charles Higgins, one of the great characters of sport at Guy's, died whilst out shooting. (Photo, vol. 35, page 1).

Mr. A. W. Ormond wrote in the *Gazette*. "An entirely lovable personality, he enjoyed a popularity unusual and unattained by many, and the number of those who received a helping hand from him in one way or another was considerable . . . We laid him to rest on New Year's Day . . . "

At one time Sir W. Osler said that a man at 60 was no more useful to the community. Mr. Higgins was furious that such a belief could be held and set out to refute at any rate the physical side of the argument, though well past that age, by joining in and winning a bare-backed donkey race at the Hospital Sports Meeting.

It is a marvellous thought that Guy's has always been able, despite the views of the more vociferous, to produce men who have been able to combine brains with brawn. There is a possibility that the Selection Committee for students may yet understand this and use the power given to select accordingly.

This was the year that George Winston, after serving six years in the Royal Marines, joined Guy's as Wills Librarian. There was a lot of re-organisation to do and George began the cataloguing and maintenance which he worked at over the next 10 years.

The work of Alf Hewitt was again beginning to show and in 1921 Guy's won the Inter-Hospitals Championship with twice as many points as the runners-up. Those who won the Cup were M. T. Aung, J. D. S. Thomas, T. A. Shaw, T. N. O'Rafferty, Fripp, W. H. Summerskill and J. A. E. Denneyson. Would this young Mr. Fripp be the son of Sir Alfred Fripp, surgeon to Royalty?

The Club tournament took place as usual in the Pavy Gym, but this time it was attended by James Butler the top boxing critic of his day. He wrote an article called "Guy's with Gloves". The alluring magnificence of the Royal Albert Hall possesses a gorgeous setting for sport, especially that of boxing, but I have witnessed both fights and fiascos there.

In the ring of the National Sporting Club, the Mecca of British Boxing, one sits in comfort among the aristocrats of the "Noble Art", but the bouts are not always interesting or entertaining. After the Ted Lewis vs. Johnny Basham pugilistic panorama, I had a poor night's sport at the N.S.C. watching a Welshman named Colcombe from Jimmy Wilde's village, show us anything but good boxing against a seasoned boxer named Kid Davis, and then came the tonic at the gymnasium in Maze Pond. It was a pleasant change to see unadulterated sport and boxing above the ordinary. G. L. Lloyd Williams is undoubtedly a countryman of Wilde and Basham, and he and J. L. Walker fought a clever contest. It was the bout of the evening, full of skill, earnestness and courage. Williams won because he understood better the value of a straight left, but Walker is also a boxer of promise. Williams, like Basham, is a welter.

Another pair of welters J. D. O'Rafferty and J. S. Du Toit did not have "Welcome" on the mat. They fought like bearcats and the Irishman possessed a right swing which, when it connected on a vital spot, had the same effect as an anaesthetic.

J. D. S. Thomas had a picnic with C. S. Gross in the feather-weight event. The latter was plucky enough but that asset alone would not win boxing matches. Thomas is a stylist. His judgment of distance is perfect and so is his hitting. I would like to see him oppose one of our leading professionals. The student would give the professor something to think about. C. D. A. James and G. A. Martin had a fight. James was handicapped for size, but he belted his opponent good and strong. Erratic leading and fondness for affectionate embraces brought him under the censure of the High Judge, Alf Hewitt. An extra round was ordered; James was slow to lead and Martin just scrambled home.

Still one cannot hold inquests on youngsters — They'll learn. Naturally interest is keen upon the candidates for boxing honours against Oxford University, and in the Bantam division S. P. Meacock will represent Guy's, J. D. S. Thomas the feathers, N. M. Holloway Light Heavy and W. H. Summerskill the Heavies. The latter's name should be an invaluable asset.

The event with Oxford duly took place with Oxford winning by five bouts to two.

H. Richards, S. Meacock, F. Mayne, G. Lloyd Williams, H. Trafford, N. Holloway and W. Summerskill all boxed.

After the team match, Alf Hewitt sparred with Meacock and the *Isis* reporter wrote" Alf Hewitt sparred with Meacock and he gave us a pleasing three rounds with S. P. Meacock. The Old-Time Warrior was in huge form and delighted us immensely".

The captain of Oxford was one J. G. S. Thomas who entered Guy's the following year having boxed three years for the university and being undefeated.

His namesake, J. D. S. Thomas, already at the hospital, was one of the few boxers who went undefeated throughout his career.

The next part of this article will appear in due course.

CORRESPONDENCE

St. Elsewhere's

SIR,—I am afraid that I find little of constructive value in Dr. R. M. Turner's rather prolonged anecdotal case history from St. Elsewhere's (*Gazette*, 10th March, 1973). An acute attack of severe epigastric pain in a man of 52 must, I would think, encompass as wide a range of differential diagnosis as most symptoms. The fact that the medical staff pursued it (albeit not very successfully) with such enthusiasm, is all to their credit.

Yours faithfully,

T. M. COLTART

Department of Obstetrics and Gynaecology,
Guy's Hospital Medical School.

Pro utilitate hominum?

SIR,—Whilst agreeing with the general content of the Nurses and the Freeze article in March's *Gazette*, I feel a few comments on the last paragraph necessary.

It is due to the professions general apathy in the past that the level of remuneration is low, too many people dazzled by the magic numbers of Salmon fail to realise just how near the poverty line are a large number of nurses.

The emotive last sentence should not have been written for fear that a large number of the profession will take heed and leave an already foundering ship.

Yours faithfully,

IAN BOND

Evelina Hospital,
Guy's Hospital S.E.1.

Visit to University of Nigeria Medical School

ENUGU Specialist Hospital

SIR,—I have just returned from a 3-month visit to the above Medical School where I was designated "Visiting Professor" of Morbid Anatomy.

When I arrived there I found two Guy's qualified members of the Consultant Staff who wished to be remembered to Guy's.

J. O. OJUKUW, Consultant Surgeon (Guy's 1951)
V. E. EGWAUTU, Consultant Gynaecologist (Guy's 1963)

Three of my class (2 women and 1 man) are coming to St. Olave's — Guy's for student electives this summer through the courtesy of Dr. G. Houston and Dr. Kenneth Maclean. At the same time one Guy's student wrote to me whilst I was at ENUGU and is going out there for an elective this winter.

This Medical School has struggled through the "War" years and deserves any support that we can give them and I hope that the three students will be welcomed with the hospitality and kindness we are used to at Guy's.

For the record the Senior Medical, Junior Medical Staff and Technicians were extremely kind to me and I have been invited out to act as the Internal Examiner for M.B. in June.

May I take this opportunity to thank Guy's Hospital for giving me the time to do this job during which I probably learnt more than I gave.

Yours faithfully,

J. M. FULLERTON

St. Olave's Hospital,
Pathology Department,
Lower Road, S.E.16.

Artistic Licence

SIR,—For many years the annual exhibition organised by the Guy's Art Club has been a feature of the life of the community. Exhibits have been invited from all staff members and the event has been adequately publicised in advance.

This year, the event has sprung itself upon us almost like a rabbit from a conjuror's hat. Not surprisingly, the exhibition is small, since many perennial exhibitors were not advised in advance.

The conduct of the Art Club is properly a matter for the committee appointed to run it, but since the event is of great public interest I feel emboldened to address the above remarks to you since I have, in the past, enjoyed a wide range of good quality work and have also often contributed. May I hope for a reversion to the former glory in future years?

Yours faithfully, H. PELS.

Department of Chemical Pathology,
Guy's Hospital Medical School,
London SE1 9RT.

In Reply

SIR,—I would like to remind H. Pels that up to 17th March, 1973, the Arts Club had been totally defunct. The cause of this being a lack of interest shown by members over events organised by the club. Lectures and outings were organised and only handfuls of people turned up. It was due to this embarrassing display of apathy that the Arts' Club was given up for dead over two years ago.

Being interested in Art and remembering the Art exhibition I had seen in my first year at Guy's, I contacted M. Hooley and offered to reorganise the club which then consisted of a minutes book and a record of the people who had attended the exhibition of 1970. May I ask why H. Pels did not come forward last year and offer to reorganise the club?

An appeal for work to be displayed in the Art exhibition was published in the three issues of the *Gazette* prior to the opening date of the exhibition. Notification that there would be an Art exhibition in the Spring of 1973, was published in one of the Autumn, 1972, copies of the *Gazette*. Furthermore, circulars were printed and distributed in all the dining rooms in Guy's over a period of three days, one month before the opening of the exhibition. Personal requests were sent out to exhibitors of the previous exhibition asking if they would like to exhibit.

I agree that the exhibition was small in comparison to previous exhibitions. The reason for this, however, was not due to bad publicity but due to bad publicity response. If there are no artists at Guy's how is anyone expected to produce an Art exhibition? The other important reason for the exhibition being small was that the displaying area was limited.

The Arts Club is in the process of forming a committee now that interest has been restimulated. As H. Pels no doubt knows, a committee has to have members and, may I ask H. Pels to convert his hope into active aid to rebuild the club?

Yours faithfully, E. J. GAVIN
Secretary, G.H.A.C.

SPORT

RUGBY

GUY'S vs. IPSWICH

H.O.P. 31st March Won: 36—20

On a dry but blustery day, Guy's played efficient and open rugby. The final outcome was rarely in doubt although, with the wind behind them, Ipswich made the most of this first half advantage by kicking far upfield as often as possible.

Against a much heavier pack, the Guy's forwards won the major share of possession and it was only a matter of time before the backs broke through. At the end of the first half, however, Guy's led by only one point. Harker scored a try in the corner and Danford dropped a superb goal in reply to Ipswich's two penalties.

In the second half, sustained effort by the hospital players, produced a series of scores most of them the result of strong and direct running. Yetton was responsible for setting up countless moves and on one occasion perplexed both sides by running across the breadth of the field before passing to Ross, who with a delicate swerve raced past the Ipswich defence to score. Harker scored another try and deprived himself of a hat-trick when he chose to pass the ball into thin air when in striking distance of the line. Fortunately, Allen, who made a major contribution in attack and defence, was able to field the loose ball and complete the move by scoring. Yetton added to the total of five tries and Fitton converted two in addition to kicking two penalties.

Ipswich, to their credit never lost heart completely and seized on Guy's mistakes to score two tries and kick two more penalties.

It was a particularly pleasing victory for Dr. Stafford-Clark who in his term of Presidency has been such a loyal supporter on the touch-line. This was the last game he is likely to attend as President and his vocal support has been much appreciated by the team.

Team: G. Evans, T. Gibson, T. Want, D. Stuart, R. Massey, N. Allen, H. Holliday, B. Hagan, D. Oram, M. Danford, J. Harker, J. Ross, A. Campbell, R. Yetton, R. Fitton.

T. G.

GUY'S vs. OLD WHITGIFTIANS

7th April Won: 17—9 Roham Road

With the Guy's forwards providing an almost embarrassing excess of possession, the backs ran hard throughout the afternoon trying to breach a rather desperate Old Whitgiftians defence. Some of the Guy's running and handling was a joy to watch and one can only wonder why the hospital did not accumulate more points.

The Old Boys were the first to score, when they kicked an easy penalty. Continued pressure by Guy's kept play well within the Whitgift half and eventually Yetton, on one of his powerful runs, broke through and Cook following in support was able to score. Unable to produce any serious threat by simple passing moves the home side placed their faith in high kicks and rushes. During one of their few incursions into Guy's half a well-judged dropped goal took Guy's by surprise and gave the hospital added incentive to score another try quickly. Some deft passing took the ball out to the wing where Portelly, not for the first time during the game, was held just short of the line. Ross was able to pick up the loose ball and score.

In the second half Guy's seemed to monopolise play despite having the disadvantage of a sloping pitch. A lot of the movements were well executed, but further tries were difficult to achieve. The final try was a majestic movement that started in Barbarian style, well in the Guy's half, then swept the

length of the field with most players taking part before Danford added the final touch by leisurely placing the ball beneath the posts. He then converted and in fact moments later was able to swell the Guy's total score with a penalty.

Team: G. Evans, T. Gibson, T. Want, D. Stuart, J. Rooke, H. Holliday, N. Allen, K. Rigg, D. Oram, M. Danford, A. Cook, J. Ross, A. Portelly, R. Yetton, J. Harker.

T. G.

ARTISTS TOUR

Friday, 30th March, to Monday, 2nd April.

Most of the Artists arrived at "The Thatchings" in dribs and drabs sometime on Friday night. The only event worthy of note on the journey was Tim Morton's carload being stopped by the Police. To the magic phrase "Guy's rugger team" the Policeman enquired: "Do you know Paul Gartel". Thus, hopelessly confused the group arrived at "The Thatchings".

On Friday night the team practiced their drinking and singing at "The Ship" with much success. Dave McPherson lost his trousers as he walked home because he was a dentist and Greg Earnshaw made much fuss about a twisted ankle.

Saturday saw the Artists play their best, and probably most exciting game of the season, against a good Chichester 3rd XV. Earnshaw played his best game this year (for the opposition) but failed to hit anyone. Playing with the wind, the Artists scored two quick tries through Dave McPherson on the wing. The second was converted by Chris Langdon. Chichester then scored a try and a goal to take the score at half-time to 10—10. Phil Meakins scored a great try just after the interval, but Chichester went ahead with a goal. The Artists fought back with a great movement resulting in a try for Dave Young, but another try for the opposition took Chichester to 20—18 with a few minutes left. However, a final move climaxed with Meakins scoring again. Langdon, who had had a good game at full-back, converted to take us to a good 24—20 win. Everyone in the side played extremely well and this was a really good win.

Sunday was April Fools' Day. Bruce McLeod had rigged up a fire-extinguisher outside Langdon's door which went off as soon as he got up. He then spent the rest of the day asking: "Where are my shoes?" "Where are my trousers?" and "What's the time?"

Fifteen very tired Artists took the field against a very strong Bognor side. We stormed into a 9—0 lead with a penalty and a try by Tim Thorton which was converted. A variety of mistakes saw the half-time score at 9—6 although we should have had another two tries. In the second half Bognor's superior weight took its advantage and although the Artists played with great courage we went down by 21—9.

Half the team left early and the other half decided on an early night. This was not to be. A very good evening at Bognor resulted in the team leaving with numerous momentos and some of the opposition. At "The Ship" our singing was not appreciated by the local weirdos who wanted a fight.

The residents were not fooled by the team staggering arm-in-arm up the road singing "Bart's Boys are on the ———— again!"

The team would like to extend their very warmest thanks to all at "The Thatchings" who had so much to put up with, and who looked after us all so very well.

C. L.

ARTISTS — REVIEW OF 1972-73 SEASON

P. 18; W. 14, D. 0, L. 4, Pts: F. 378, A. 153.

This season has been a remarkably successful one for the "Artists" both on and off the field. Since the team was formed three years ago, it has at last developed into a fairly stable group of players and it has been this unity which has impressed many opposition teams, on the field, in the bar and in

the bath (we all sing flat). This was particularly apparent during the end of the season tour.

Fortunately most players will be available for squad selection next season but John Shutes has left for Plymouth. John Rees at full back, for most of the season, had an unenviable and lonely task, but unfortunately missed the tour due to a prior engagement — which turned into a marriage ceremony. Paul Lewis, on the wing (you've never seen anything like it in your life), put in some notable performances — in the bar, and raised his game whenever he saw "red" (or black). John Wynn-Jones (that boy wears Harmony hair spray) improving throughout the season, despite being Welsh, played on the wing or centre. So did "Elvis" Nightingale, the hooker, although he was occasionally seen "swinging" between Pete Wheeler, c/o King's Hospital and "Curly" Rowland, c/o Casualty and Bermondsey Street, during the set pieces. The push came (or as often as not didn't come) from Dave Young, notable for his covering of the full-back during loose rucks, and John Pearson, the captain, notable for his lack of covering, (wearing half a pair of shorts), which encouraged the team to great heights!

Phil Meakins at No. 8 was outstanding, especially when he tried to sing, or harmonise as he called it. Greg Earnshaw and Bruce Mcleod were the flankers, the latter leading both the pack and the singing. At scrum-half "Bowel" Jones was hardly ever loose and made a notable contribution to the game as did the fly-half Derek Norfolk. Dave McPherson and John Southgate also appeared in the half-backs during the season. Tim Thornton and Chris Langdon both thrusting through the middle from centre added some strength to the attack. Chris took all the easy penalties and as a result scored a few points.

Top try scorer, this season, for the third year running was A. N. Other, who was also the only member of the team to play in every match.

J. H. P.

HOCKEY

SPIROCHAETES vs. SCAVENGERS AT HAVANT

The Spiros' 1972-73 season closed with the traditional weekend at "The Thatchings" and a game on Sunday against the Scavengers. Although denied victory, the weekend provided a fitting end to the Spiros' season since a thoroughly enjoyable time was followed by possibly the best team performance of the season.

A mini-bus was hired for transport, with John Cottingham re-living past glories as a bread-van driver.

After tea, it was decided to relieve pre-match tension with an evening at "The Ship". Later, Nick Matthews ate a curry (the Spiros' ate Chinese meals), and by 4 a.m. the common concensus of opinion was that "tenshun" had gone. Despite the captain's preoccupation with shooting stars, and Paul Wilmer being sensible, bed was successfully reached by all.

After a magnificent Sunday lunch, the Spiros arrived at the Scavengers' ground. The Scavengers mounted the initial attacks, but were held fairly comfortably by good defensive play by the Spiros. When danger threatened, Nick Matthews and Bip Lakhani at full-back both produced well-timed saving tackles. A link with the Spiros' forwards was made and the Spiros produced some of the best attacking moves of the season. The wings were used to their fullest advantage and the half-back trio moved up to add further strength to the attack. A well-struck long corner met at full stretch by Mike Selley should have put the Spiros into the lead, but somehow, the ball looped wildly over the bar.

Half-time: Spiros 0 Scavengers 0.

In the second half, the Spiros started slowly, and John Cottingham in goal was forced to produce some timely saves and kicks. A spark of temper flared in the Spiros' defence when Nick Matthews, presumably taking John Cottingham's call for the ball as a subtle "bluff", collided with the "goalie" and gave

away a long corner. The ball was poorly cleared and a penalty shot followed. The Scavengers' inside left picked up the rebound from the goalie's pads and forced the ball into the net to give his side the lead.

The Spiros responded with continuous pressure for the remainder of the game but just could not produce an equaliser. The Scavengers' post saved them along with some desperate line clearances by their full backs. With only minutes remaining, the Scavengers secured their victory from a break-away move. Their inside-left evaded covering tackles and miss-hit his shot to the near post. Regrettably, John Cottingham in goal developed an acute flexor withdrawal of his right leg at that moment, and the ball 'bobbled' to the back of the net. However, the rest of the team were very understanding, and have promised to speak to John again, next week sometime.

And so, the game ended with the Spiros furiously trying to score the goal they justly deserved but which fate denied them.

Full time: Spiros 0 Scavengers 2.

Finally, the Spiros would like to thank Janet and the staff at "The Thatchings" whose hospitality and cooking were as good as ever, and promise to win for them next season.

Team: John Cottingham, Bip Lakhani, Nick Matthews, Tony Wade, Paul Duckworth, Chris Hendy, Pete Hodgkinson, Mike Selley, Paul Wilmer, Steve Flint, Angus Kingon.

HOSPITAL INFORMATION

PASS LIST

ROYAL COLLEGE OF PATHOLOGISTS

Primary F.R.C. Path.
February/March 1973

P. M. Carter

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

M.R.C.P.
January 1973

J. R. Dare
J. F. Dufton
A. C. L. Fraser
Christine Garrett
T. W. Higenbottam
R. J. Jacoby
P. G. P. Lawler
D. J. Lipscomb
R. J. Machell
E. Neville
J. D. Osborn
M. G. St. J. Sutton

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final F.D.S.
January 1973

C. D. Tomlins

Final F.F.A.
March 1973

A. B. Loach

Primary F.R.C.S.
February 1973

M. M. Henry
B. R. Kenning
D F. M. Thomas

CAMBRIDGE UNIVERSITY

M.D.
January 1973

C. Chantler
R. Kumar

M.S.
February 1973

S. Nundy

M.Sc.
December 1972

W. C. Brownlee

UNIVERSITY OF LONDON

M.D.
February 1973

S McHardy-Young

M.Sc. Human Communication
January 1973

Christine M. Allan
Catherine M. Burridge
Antonella Castelnuovo
Anne Christopherson
Anne M. Garvey
Renata Gillmore
Vera Hind
*Gillian A. Holmes
*Beve Hornsby
*Joseph T. Kennedy
Carol J. Miller
Sian M. Munro
Angela R. Ney
Roshan Patel
Anne M. Poole
Pamela F. Stuart
Rosalind H. Verity
*Jean C. Watt

*Awarded a Mark of Distinction

GUY'S HOSPITAL GROUP SCHOOL OF NURSING

Passed—Guy's Hospital, London, S.E.1.

Baker S. A.
Bidwell J. C.
Black V. A.
Brock B. J.
Brown C. R.
Butler S. R.
Callow L. J.
Coutts J. E.
Cowper A.
Cross J. E.
Davies G. M.
Lunn P.
McCann A. M.
Marshall E. J.
Mitchell A. L.
Moffat P. J.
Nelsey H. J. M.
Newman M.
Norris H. J.
Owen J. H. L.
Paloulian G.
Peters C. A.

Davis F. J.
Dobson M.
Duncan P. A.
Edney M.
Farquharson A. C.
Fletcher S. M.
Foster E. J.
Gibb E. M.
Gordon A. C.
Gray J.
Head J. M.
Hill J. S. M.
Jackson C. M.
Jenkins R. M.
Jones C. M.
Kerslake K. B.
King H. E.
Lovitt G. M.
Pritchard J. A. E.
Redmayne M. P.
Reeks S. M.
Richardson J. C.
Rookes J. E.
Roper J. M.
Sharpe M. S. H.
Sherwood M. I.
Smith R. M.
Steidelman B. M.
Taylor P. J.
Thomas A. M.
Wilkinson S. A.
Wilson N. M. (née Blanch)
Wiseman G. M.
Wright T. M.

Passed—St. Olave's Hospital, S.E.16.

Au Yeong M. C.
Carey G. M.
Cooper C. C.
Desai N. M.
Halford S. P.
Howard J. E.
Jaipaul
Keyte S. G.
Lim G. P.
Murphy M. E.
O'Connor A.
O'Connor V. M.
O'Donovan N. V. J.
O'Dwyer C. M.
Pankhurst R. E.
Pathmanathan P. (née Eliyanthamby)
Vernor, Patrick J.

Passed—Evelina Hospital, Southwark Bridge Road, S.E.1.

Chau S. H.
Duncan D. J.
Geisler K. E.
Kapsalis K.
King G.
Osei-Yaw B. (née Boateng)

L.D.S. England February 1973

Arnold D. J.
Biornaas, O. M.
Brown G. R.
Coleman J. A.
Crapper H. J.
Dewe Mathews G. J. P.
Emery G. W.
Lee Miss S. B.
McLeod N. S.
Merrett D. J.
Newman G. R.
Owen J. C. A.
Schaller M. L.
Turner S.
Walter Miss K. M.
Williams N. A. K.
Winfield S. A.

APPOINTMENTS

GUY'S HOSPITAL MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1973/74

Applications are invited for the following appointments to the Junior Staff of the Medical School, for the session 1973-74, commencing 1st October, 1973. Forms of application are obtainable from, and should be returned to the Dean not later than **11th May, 1973**.

Anatomy Junior Lecturer (part-time)	1
Student Health Assistant to the Director (part-time) Joint appointment	1
Medicine Junior Lecturer	1

THE NEUROSURGICAL UNIT OF THE GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st July, 1973. The Unit which is housed in the Maudsley Hospital serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital. Applications giving details of experience and the names of two referees should be made by **27th April, 1973**, to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London SE5 8AZ.

BIRTHS

FALLOWFIELD: To Tony and Lesley (née Mason), on 5th April, 1973, at the Royal Sussex County Hospital, Brighton, a son, Jonathon Andrew.

HALL: On 13th December, 1972, to Rosemary (née Baker) and Stephen, a son, William David, brother for Jonathan.

REEVES: On 22nd March, 1973, at Heatherwood Hospital, Ascot, to Gordon and Liffy, a daughter, Sophie Emma.

CHANGES OF ADDRESS

D. K. C. Cooper Esq., F.R.C.S., Magdalene College, Cambridge. CB3 0AG.

Martin and Ann Farebrother, 17, Cumberland Walk, High Heaton, Newcastle-upon-Tyne. NE7 7SX.

Dr. Rosemary Hall (née Baker), 1, Downsview Road, Seaford, Sussex.

Jonathan and Jennifer Pedre (née Lyth), 2, North Green, Maidenhead, Berkshire, SL6 7LL

H. K. Price Esq., L.D.S. R.C.S., Hunters Lodge, Rue De La Brigade, St. Andrews, Guernsey, C.I.

PERSONAL

OPENING for ambitious Dental Surgeon in Bexley (only half-an-hour from London). A retiring Dental Surgeon has house for sale which has been re-built since the War. Two large reception rooms, large, well-equipped kitchen, sun lounge and four double bedrooms. Separate surgery accommodation. Suitable for professional purposes or capable of being converted into separate flat. House on site that has been Dental Surgery for over 50 years. View by appointment: Crayford 24293, London area Code 29 STD code 03225.

S.R.N. required as practice nurse to group practice in South London to run branch surgery, 36-hr. week. Split duties. Half-day Friday. Salary Whitley scale. Tel. 674-6376 for interview.

PAPERS BY GUY'S MEN

Abrams, M. E. *and others*. Carbenoxolone in the treatment of duodenal ulcer: a multicentre trial. *British Journal of Clinical Practice*, 1973, **27**, 50.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2212

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Now that the details of the Tower Block have been virtually finalised and let loose upon an unsuspecting hospital population, it is worthwhile asking whether a completely revitalised hospital in Southwark is really what is required, or whether there are certain areas of medical practice in the Borough that are in need of drastic improvement.

Guy's Hospital lives at a permanent disadvantage in that it is situated in a small borough with a relatively small catchment area consisting of a very densely-packed population. Such a population tends to use the Hospital as a General Practitioner and this is reflected by the type of cases that can be seen in Casualty any morning of the week. Laying aside the obvious emergencies, the great majority of patients are treated for complaints which could be adequately handled by the local G.Ps. So, before we go any further, we must decide what proportion of our time is being given up to this type of patient and, more important, why they do not go to their G.P.s in the first place. The work load in Casualty is high enough already, and it can only function efficiently if it handles what it was originally intended to handle.

As far as obstetrics is concerned, the Tower will almost double the number of beds available and, by assumption, double the number of deliveries. However, at present the number of babies born per year is abysmally low for a major teaching hospital and one gets the feeling that the Borough mothers are not capable of altering the situation radically within the next few years. At present, the obstetrics wards

are empty for at least half of each week and there is little reason to believe that this will change when the Tower opens. Perhaps this would be acceptable if many women were giving birth at home, but there is no evidence that this is any more frequent than in any other London borough. Consequently, it seems we are expanding a service which cannot be used to its full potential. One wonders why there are no plans for a large scale increase in midwifery staff.

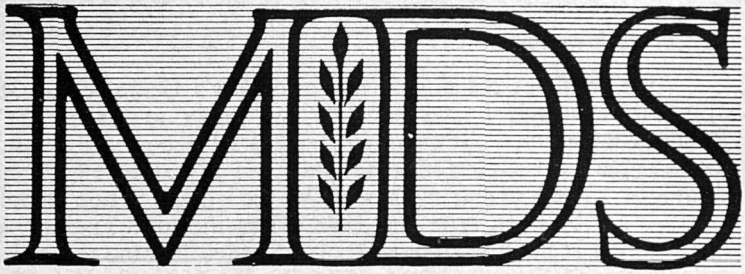
After the Tower is opened, the proposals seem to suggest that there will be a slight decrease in the number of general medical beds available. This, surely, is the one speciality where we really do need beds, especially in the winter when emergency admissions for respiratory disease show a marked rise. Admittedly the next stage involves a new medical ward block, but the present wards are grossly overcrowded and understaffed and times have been known, even during the last year, when there have been no beds available. Perhaps it is one good omen that the most crowded of all the medical wards are the ones that will disappear first. However, the plans must cause some anxiety to House Officers and Admitting Officers alike.

Finally, it seems that the children of the Borough will live a life of luxury as far as physical and dental health are concerned. The respective departments are large, efficient and rated among the best in the country, as well as being world-famous in specific fields. Although the children are the citizens of tomorrow — and should, presumably, be kept healthy — it seems strange that the older folk expiring in respiratory failure or with gross infections must be squeezed into cramped corners where nursing facilities are stretched to the limit, whilst Casualty is full of sore throats and splinters, and the children's wards discharge bouncing, healthy infants back to families of semi-invalids.

GUY'S DIARY

MAY

7	M	1.00 Clinical Lecture. Dr. HYAMS "Organisation of Medical and Social Services for the Elderly."
10	Th	1.00 Clinical Lecture. Dr. CAMERON "Dialysis and Transplantation."
11	Fr	1.00 Clinical Lecture. Mr. WATSON
14	M	1.00 Clinical Lecture. Mr. BEWICK "Renal Transplantation: Its Clinical Relevance."
17	Th	1.00 Clinical Lecture. Dr. CHANTLER "Urinary Tract Infections (including Tuberculosis)."
18	Fr	1.00 Clinical Lecture. Dr. JOSEPH "Acute Cardiac Disease of Infancy."



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NEWS IN BRIEF

Dental Fellowship

As a result of the appeal made to Guy's Dental Graduates and appropriate outside bodies in 1971, for funds to endow a Martin Rushton Research Fellowship in the Dental School, gifts amounting to £4,484 have been received to date and a further £3,572, plus an estimated £2,080 in income tax to be recovered, is due under deeds of covenant between now and 1978. Thus the total amount received or promised is £10,136 (inclusive of estimated income tax relief). The gifts include £500 from Colgate-Palmolive and £250 from the Beecham Group.

The Fund is still a long way short of its target and further gifts will be most gratefully received.

Alfred Rycroft Scholarships

The Alfred Rycroft Scholarships for 1973, have been awarded to Miss M. P. Hooley and Mr. C. J. L. Price (who will visit Tufts Dental School, Boston), and to Mr. D. A. Oram and Miss S. E. Smart (who will visit Buffalo University).

A.S.H.

Professor Cyril Astley Clarke, President of the Royal College of Physicians was elected President of A.S.H. (Action on Smoking and Health) on 24th January. Professor Clarke qualified from Guy's in 1932.

The Pinta Handicap

On Sunday, 20th May, at 4 p.m. Guy's Boat Club are organising a handicapped rowing race on the Thames from Isleworth to Strand-on-the-Green. It is being sponsored very generously by the Milk Marketing Board. All the London Hospitals are competing and it is hoped that Guy's will win a large percentage of the prizes.

The race will be advertised nationwide and probably televised.

Anyone, male or female, who would like to take part should enter their name on the lists in the East Wing. Rowing entries are limited and so preference will be given to those who apply first.

There are many prizes to be won by girls who should dress as milkmaids—so any student, nurse or physio—please come along to the Boat House at 2.30 p.m.

We hope that many of our readers will come and watch the event and we suggest that Strand-on-the-Green would be a good viewing point.

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I.A.D.S.

Mr. S. M. Milner and the Editor will be representing Guy's at the International Association of Dental Students Congress in Finland. They are being sponsored by the Dental School.

Errata

We should like to thank Professor D. J. Neill for pointing out that in the new tower the 20th floor will contain all the technical laboratories. It will have two single chair clinics adjacent to the staff rooms.

The 21st floor will house all the other clinical facilities. The main Prosthetic teaching clinic will be on the west side and comprises 30 chairs arranged in cubicles, two demonstration surgeries and three staff treatment rooms. The Preventive and Periodontal clinic will be on the east side of the building, the two departments having a small technical laboratory between them and there will be a hoist between the materials compound on the 21st floor and the stores on the 20th floor so that patient's work can be easily transmitted from the laboratory areas to the clinics.

British Diabetic Association

A short film "Four in the Crowd" has been released by the British Diabetic Association and is available on free loan. The film includes a review of Barking and Best's research, with a sequence on recent research and is concluded by a short sequence with a commentary by Professor W. J. M. Butterfield. Professor Butterfield is Chairman of the Executive council of the British Diabetic Association and is an Honorary Consultant Physician to Guy's Hospital.

Photographic Exhibition

The venue of the Photographic Exhibition has been changed and will now be held in the North Common Room from 21st to 25th May. Entries from any member of the Hospital are very welcome and should be sent to S. Twiggs, East Wing, by Friday, 11th May.

Hockey Club A.G.M.

The Hockey Club A.G.M. will be held on Friday, May 25th, in the South Common Room, East Wing at 5.30 p.m. The Annual Dinner will follow at "Ye Olde Cock Taverne", Fleet Street at 8.00 p.m.

Please contact K. J. Cottingham c/o East Wing or ring 01-852 0614 if any old member wishes to attend.

Care of the Dying

Owing to the May-day strikes the conference on The Care of the Dying arranged for 1st May had to be postponed. It is hoped that a suitable date for this may be found in the autumn.

GUY'S HOSPITAL MEDICAL SCHOOL

Inner London Education Authority

Closed Circuit Television

During the Summer Term the following programmes will be shown each week in the Closed Circuit Television Studio which is on the Lower Ground Floor of the Medical School halfway between the Physiology and Anatomy Lecture Theatres:

Wednesdays at 1.15 p.m.	Uptodate
Thursdays at 1.15 p.m.	Medical Miscellany

Uptodate

The Wednesday programmes will be a repetition of programmes shown in the Winter Term. Details are as follows:

2nd May	Foetal Well-being in Pregnancy	Professor Jack Dewhurst & Mr. Stuart Campbell
9th May	Foetal Well-being in Labour	Mr. Geoffrey Chamberlain
16th May	The Active Management of Labour	Mr. John Beazley
23rd May	Epidural Analgesia in Labour	Dr. George Stephen
	Resuscitation of the Newborn	Dr. David Harvey
30th May	The Uses of Ultrasound Diagnosis in Obstetrics	Mr. Stuart Campbell
	The Pre-Natal Diagnosis of Genetic Disorder	Professor Jack Dewhurst
6th June	Intersexual Disorders	Professor Jack Dewhurst
13th June	The Induction of Ovulation	Mr. Arnold Gillespie
20th June	The Use of Prostaglandins in Gynaecology and Obstetrics	Mr. John Beazley
27th June	The Management of Urinary Incontinence in Women	Mr. John Malvern
4th July	Outpatient Gynaecological Procedures	Mr. Geoffrey Chamberlain Mr. Edmund Holt & Mr. Robert Beard

Medical Miscellany

The Thursday programmes are new. Details are as follows:

3rd May	Introduction to Problem-orientated Medical Records	Dr. Neil MacIntyre
10th May	POMR and the Medical Records Officer	Mr. K. G. Ellis-Martin
	POMR in General Practice	Dr. David Metcalfe
17th May	Implications of POMR Part I	Dr. Larry Weed
24th May	Implications of POMR Part II	Dr. Larry Weed
31st May	Hypertension	Dr. A. F. Lever
7th June	Respiratory Function	Dr. Frank Prime
14th June	Title to be announced	Professor Margaret Turner-Warwick
21st June	Title to be announced	Professor Margaret Turner-Warwick
28th June	Radiology of the Chest	Dr. J. W. Pierce

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Sunday 20th May 1973

4.00 pm on the Thames

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Applications to your Boat Club Captain

Andy Watts '73.

Some Observations on Serum Lipids in Hong Kong

Roderick J. B. Bowering

My elective period of study in the Summer of 1972, was spent at Hong Kong University attached to the Department of Medicine. I spent a good deal of my time doing clinical work at the Queen Mary Hospital but was also able to carry out a project on serum lipid estimations and lipoprotein patterns. It was intended to investigate, comparatively, serum cholesterol values and lipoprotein patterns in two ethnic populations in Hong Kong. These consisted of Chinese medical students and British soldiers, all healthy, male volunteers. The object of the study was to see if there were any significant differences between the two groups with respect to serum lipids in view of the possible different genetics, and dietary factors in particular. Dietary factors have for long been acclaimed to play an important role in determining the serum cholesterol. What follows is an account of my work in Hong Kong and a brief resume of current ideas on the hyperlipoproteinaemias.

SUBJECTS, MATERIALS AND METHODS:

Subjects: Twenty-five Chinese Medical Students at the Queen Mary Hospital, University of Hong Kong and an equal number of British soldiers based in Hong Kong acted as volunteers. All were healthy, young men with no known family history of any ischaemic (artery) disease or hyperlipidaemias. None of them were smokers or particularly obese. The mean age of the Chinese students was 22 years, (range 20-24 years); that of the British soldiers was 21 years (range 17-25 years). They were all on their normal, stable diets. Difficulty was encountered in obtaining sufficient Chinese volunteers but after no little persuasion I successfully reached a total of 25. Reluctance to donate blood, I was later to find out, is an inherent character of the Chinese! The samples of venous blood (10 mls.) were taken after fasting conditions using plastic disposable syringes. Those from the British soldiers in Kowloon, were taken after a 9-hour fast (pre-breakfast).

Blood samples were taken from Chinese medical students just before lunch after an early, light breakfast (6-hour fast). Some students went without breakfast. Cholesterol estimations were thus carried out on as near fasting samples as possible; triglycerides, influenced far more by diet were not estimated in this study.

MATERIALS:

Two different electrophoretic media were used in the investigation of the electrophoretic patterns of the lipoproteins; Cellulose

acetate and agarose gel. They were particularly useful in view of their ease of handling and pattern visualisation. Agarose gel (BIO-GRAM A LIPOPROTEIN PROFILE) was prebuffered and precast as three separate strips in clear plastic slides. "Cellogel" is a pure cellulose diacetate with low pore size, preventing the bands from spreading and permitting reasonably sharp band separation.

METHODS:

1. Cholesterol Estimation:

The automated colorimetric method of cholesterol assay was used. This quantitative procedure for cholesterol determination is based on the reaction of concentrated sulphuric acid and ferric chloride in acetic acid with steroids having the 5-ene, 3β-ol grouping. The method is usable for cholesterol determinations ranging from 0 to 400 mg.% on the basis of 1 in 20 standards of serum in isopropanol.

2. Agarose Electrophoresis:

Blood samples were mixed with 1mg. EDTA per ml. and centrifuged for 5 minutes at 1000 r.p.m. The serum was then separated and refrigerated at 2 to 4°C. Samples were tested as soon as possible.

The samples were loaded (cathode) on to the gel using disposable plastic applicators. A tracking dye (BIOGRAM-A) 1% Bromphenol blue was used for timing the electrophoresis. The buffer was 0.05M barbital, pH 8.6, diluted 1:1 with distilled water. Electrophoresis took about 20 minutes at a stable voltage of 150V (D.C.). The samples, under the influence of an electric current, migrated towards the arrode (+). After fixing and drying the slides at 60°C they were stained using Sudan Black B. They were then rinsed and washed in water (after 2 hours) and the lipoprotein bands could be visualised.

3. Cellogel Electrophoresis:

Strips of cellogel in buffer were lightly dried before sample application. Barbitone Sodium (sodium veronal 8.24 g/l, 0.04M) buffer was used. Electrophoresis was carried out at 200V for 35 minutes. The rate of migration is determined by concentration of ionised groups, gel porosity, pH and voltage gradient. After electrophoresis the strips were immersed in a freshly prepared staining solution for 2-3 hours. The latter consisted of Sudan Black B, Fat Red and appropriate diluting volumes of ethanol and N/1 aqueous sodium hydroxide.

BRIEF RESUME OF LIPOPROTEIN DISORDERS:

In the body, serum lipids are transported by their combination with specific globulins, the resultant macro-molecules being known as lipoproteins. A system of phenotyping familial hyperlipoproteinaemias was described by Fredrickson and Lees in 1965. Two years later a lengthy review article appeared in the New England Journal of Medicine by Fredrickson, Lees et alia from Bethseda, Maryland, which attempted to integrate the mechanisms and disorders involved

in fat transport in lipoproteins. Much emphasis has been placed on the use of lipoprotein patterns to seek genetic factors that produce altered plasma lipid levels.

Table I

LIPOPROTEIN FRACTION	ULTRACENTRIFUGATION	PRINCIPAL LIPID	RAISED IN DISORDER TYPE
Chylomicra	Chylomicra	Triglyceride	I, V
BETA	Low density (LDL)	Cholesterol	IIa, IIb, III
PRE-BETA	Very low density (VLDL)	Triglyceride	IIb, IV, V.
ALPHA	High density H.D.L.	Molecule mostly protein.	——

It is important on attempting to phenotype a hyperlipoproteinaemia to use not only the lipoprotein pattern but also the individual lipid levels (cholesterol and triglyceride) and the plasma appearance after standing. These all important factors are represented in Table II which attempts to characterise the five primary hyperlipoproteinaemias. Chemotherapy may be in the form of clofibrate, cholestyramine or other ion-exchange resins (act by preventing cholesterol absorption from the gut), D-thyroxine and nicotinic acid. More sophisticated techniques are increasingly being used to characterise in greater detail the individual lipoprotein components. Notable amongst these is the analytical ultra-centrifuge; this has the ability to draw a continuous plot of the concentrations of lipoproteins in flotation (Sf) classes differing by very small density increments. Other indices being used include precipitation with high molecular weight polymers and immunoprecipitation (Antiserum to β-lipoproteins).

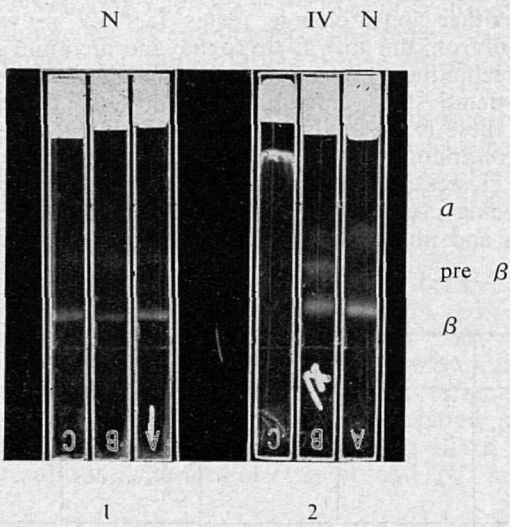
Table II

Type	Appearance	Lipoprotein abnormality	Lipid abnormality	Cause	Therapy
Normal		None: beta > alpha > pre β	None: mg/100ml Triglycerides < 150 Cholesterol < 220.	moderate diet	——
I	Milky	chylomicra present	Triglycerides +++	Dietary fat not cleared from plasma	Restrict fat intake
II (a)	Clear	β lipoprotein	Cholesterol ++	?Herediatary metabolic defect	Chemotherapy +
(b)		β and pre β raised	Cholesterol + triglycerides +	Long term dietary excess.	Diet regulation +? chemotherapy

Table II—continued

Type	Appearance	Lipoprotein abnormality	Lipid abnormality	Cause	Therapy
III	TURBID	Broad β present	Cholesterol ++ triglycerides ++	Herediatary metabolic defect	Chemotherapy and diet
IV	Turbid	Pre β raised	Triglycerides ++	Disordered CHO metabolism or excessive intake of CHO.	Reduced CHO intake
V	Turbid or milky	Chylomicra and pre β raised	Triglycerides +++ Cholesterol +	?metabolic defect	Diet and Chemotherapy

PHOTO 1:



Agarose gel electrophoresis, normal sera in slide 1 but note increased pre-B in middle channel, slide 2. This was serum from a young male with evident coronary ischaemia and a history of infarction (type IV). He is on long term chemotherapy (cholesterol 292. triglycerides 220 mg%).

RESULTS: of Serum Cholesterol Measurements in the Two Populations.

A scatter diagram (not included) showed the relation between the cholesterol value and age for the two groups viz. British soldiers and Chinese students. It was seen that all the cholesterol values fell within the normal range permitted for this age group viz. 120-240 mgms/100ml. There were no excessively high cholesterol values in the fasting samples. Analysis of the cholesterol values:

	CHINESE	BRITISH
MEAN	179.48 mg%	179.21 mg%
VARIANCE	702.9	490.5
STANDARD DEVIATION	26.55 mg%	22.5 mg%
MEAN ± S.D.	179.48±26.55	179.2±22.5
COEFFICIENT OF VARIATION	14.79	12.56

indicates clearly that there is no significant difference between the serum cholesterol values of the two groups. The respective means were 179.5 mg% for the Chinese and 179.2 mg% for the British. The difference between the two means was considerably less than two standard deviations from either mean. Also, over this narrow age range viz. 17-24 years there is no significant alteration in serum cholesterol with age. A plot of cholesterol value versus weight/(height)^2 (an index of body mass) indicated no correlation in the British group. They were all in fact within a similar weight range. Serum cholesterol on the whole tends to change little with diet and meal frequency and so the small difference in fasting times of the two groups is unimportant. In the male, serum cholesterol tends to rise with age, reaching a peak at about 60 years of age. Over a 5 year range however there is little increase.

PLASMA APPEARANCES:

Of the 50 samples from healthy volunteers studied, only a few of the standing plasmas were turbid — most likely reflecting triglyceridaemia due to shorter fasting time as these were seen in the Chinese samples. These were not associated with abnormal lipoprotein patterns or elevated cholesterol. No "creamy layer" often so characteristic was seen, this was however observed in sera from several patients which I examined. The clinical cases will be described later.

LIPOPROTEIN PATTERNS:

There were no gross abnormalities apparent in any of the lipoprotein strips visualised in the two populations. However, minor variations in the amount of pre β lipoproteins were seen in most cases—presumably reflecting small differences in dietary status. This illustrates well the point that everyone, whether he be healthy or diseased has one type of lipoprotein pattern or another. Consequently, only when the electrophoretic strip reveals the presence of an atypical protein can it be confidently interpreted as abnormal without knowledge of the plasma cholesterol and triglyceride levels. One Chinese volunteer informed me that he was glucose-6-phosphate dehydrogenase deficient. I paid particular attention to this pattern, but it was normal. This genetically determined disease causes an intrinsic abnormality in the red cell and is particularly prevalent in Hong Kong.

CLINICAL CASES:

(1) Patients with clinical evidence of myocardial ischaemia, C.C. (photo 1). A 30 year old male had a cholesterol of 292 mg% and a triglyceride of 220 mg%. Electrophoretic pattern shows elevated pre β fraction consistent with type IV. He is on long term chemotherapy. Other type IV patterns were seen in patients with artery disease. One patient, aged 64 was undergoing preparations for surgery for peripheral vascular disease and had elevated triglycerides with only a moderately raised cholesterol.

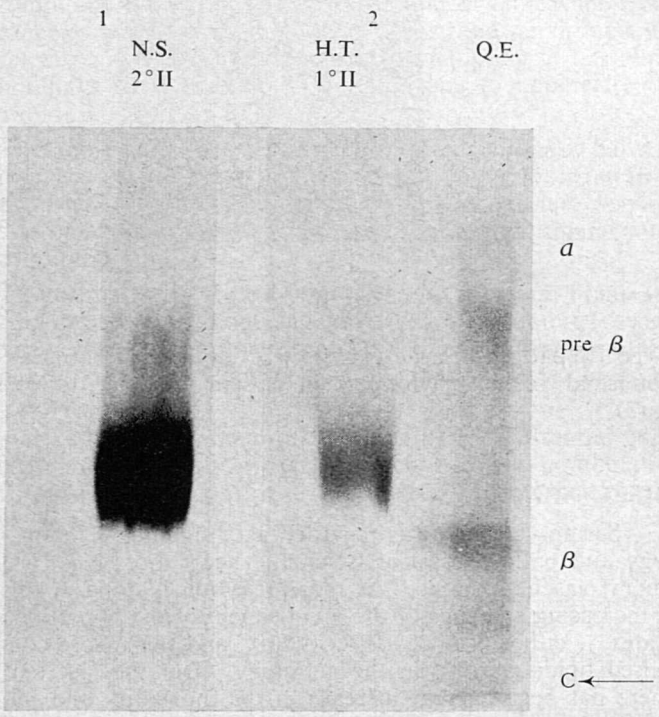
(2) H.T. (photo 2) was a 13 year old boy with cutaneous manifestations of hyperlipidaemia viz. tendon xanthomas over elbows and in popliteal fossae. This is a type II pattern with elevated B lipoproteins, his fasting cholesterol was 522 mg% and triglycerides not greatly raised 82 mg% (<150 mg%). This sample was postprandial and thus accounts for the suggestion of Chylomicra at the origin. The disease is genetically inherited as a Mendelian dominant trait. His father's cholesterol was rather high at 315 mg%. The homozygous abnormal phenotype has increases in β lipoprotein that are nearly double those seen in the heterozygote. Death often results from cardiovascular involvement. It is most interesting that the first descriptions of tendon and tuberous xanthomas appear under the tern "Vitiligoidea" in Guy's Hospital Reports in 1851. The authors, Addison and Gull were describing lesions associated with the hyperlipoproteinaemia due to obstructive biliary disease.

(3) An example of a secondary type II pattern is seen in photo 2. This was taken from a patient with the nephrotic syndrome. Type II accounts for a great deal of the hypercholesterolaemia seen. A type II is also sometimes seen in hypothyroidism and obstructive liver disease. The very dense staining of the β band is illustrated. The cholesterol of N.S. in photo 2 is from a 19 year old male nephrotic with a cholesterol of 640 mg%.

(4) Photo 2 illustrates a type V pattern from a 19 year old girl secondary to chronic pancreatitis. A fasting serum sample was creamy

on standing (overnight) and triglycerides markedly elevated. Cholesterol was only moderately elevated. The electrophoretic strip shows chylomicra at the origin and increased pre β fraction. She complained of abdominal pain. A type I pattern is illustrated in photo 3. (chylomicra at origin); also a type IV and normal pattern is illustrated for comparison.

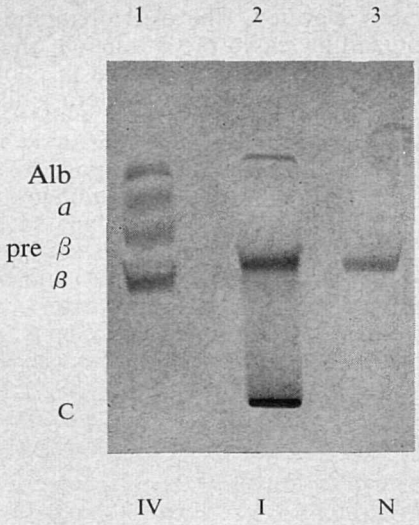
Photo 2



STRIP (1): Note (1) grossly elevated β lipoprotein fraction in the nephrotic syndrome (cholesterol=640 mg%)—secondary type II pattern.

STRIP (2): Note (1) β increased in H.T. a young male 12 years old presenting with cutaneous, tendinous xanthomata over elbow and knees (fasting cholesterol 522 mg%, triglycerides not excessively elevated). (2) Q.E. fasting chylomicra at arrow origin (plasma appearance after standing overnight was "creamy") and elevated pre β. This patient a young female, had chronic pancreatitis presenting with abdominal pain. This is most likely a type V hyperlipoproteinaemia, secondary to chronic pancreatitis.

Photo 3



Type IV pattern in a patient (1) with peripheral vascular disease and abnormal, fasting chylomicra in patient (2) Type 1. Normal pattern in (3).

DISCUSSION:

Serum cholesterol is regarded as a significant factor in the aetiology and pathogenosis of ischaemic heart disease (I.H.D.) and peripheral vascular disease. As more research is done in this field, there is increasing evidence of the involvement of the hyperlipoproteinaemic states — either primary or secondary, and their close connection with raised lipids (serum) in the aetiology. Over the last ten years or so there has been a great increase in the morbidity and mortality from I.H.D. Numerous studies have been carried out in this field, notably the Framingham survey in the U.S.A., and a rather less well-known study of serum lipids in tribes of the Upper Xingu in Brazil!

There is evidence which suggests strongly that Far East countries have a significantly lower mortality from I.H.D. than Western countries. This in turn has been correlated in these populations with lower serum cholesterol levels. Japan, for instance has one of the lowest mortalities from I.H.D. in the world, but interestingly, it suffers the highest mortality from cerebrovascular disease. This marked epidemiological difference has, for long been explained on the basis of dietary factors. That of the Far East consisting more of unsaturated fat and fish protein than the high saturated fat diet of Western civilisations. The latter has a proven association with I.H.D.

My results showed little difference in the two groups — it would be most interesting to repeat measurements in serum cholesterol in the same people in say 20 years to see how or if there was much

change. The Chinese were eating basically a Chinese diet of egg noodles, rice, vegetables and meat. The British soldiers were maintaining a typical English diet with occasional Chinese food. Chinese now seem to be enjoying some English food — for instance, some students were indulging regularly, with enjoyment in a couple of fried eggs and bacon in the mornings for breakfast! Hospital staff informed me of an almost distressing increase in the number of admissions in the last two years of patients with myocardial infarctions and coronary ischaemia symptoms. Whether this is a reflection of increasing Western-like tendencies with respect to diet, stress and environmental factors, is yet to be ascertained. It is, however, tempting to postulate. One does not have to spend long in Hong Kong to appreciate the bustle and rapidity of everything.

I saw negligible evidence of peripheral vascular disease but saw an interesting case of Takayashu's disease in a young woman. In a 12 year clinical trial in men and women (published late last year) of a low cholesterol diet it was found that the diet, in men, significantly reduced mortality from I.H.D.

In an interesting study from Malaysia a rise in serum lipids and low density lipoproteins, with age, was observed up to about 50 years of age. The same workers however, found no difference amongst three major ethnic groups viz. Chinese, Indians and Malays living in Malaysia and Singapore.

There is little doubt that lipoprotein screening is an essential guide to the hyperlipoproteinaemias, especially when used in combination with serum lipids. Furthermore, it is an important tool, when if used on a national scale, may prove to be of immense value in at least early detection of a serious, yet remediable, disease (I.H.D.). Patients with hypercholesterolaemia associated with Fredrickson's type II hyperbetalipoproteinaemia have a high risk of early death from coronary artery disease. New risk factors in atheroma and I.H.D. are being suggested all the time — there is a strong case for hypertension but not quite such a strong one for all those cups of coffee! The prime need in arterial disease prevention, is still, the identification of causes and mehanisms whose subsequent modification will lead to large rather than marginal improvements..

ACKNOWLEDGEMENTS:

I would like to thank Mr. F. G. ELLIS, F.R.C.S., for his original interest in my research and his generosity throughout; Dr. D. C. Watts, Ph.D and the Department of Biochemistry at Guy's; the staff and students of the Queen Mary Hospital, Hong Kong; the Department of Biochemistry of Hong Kong University and especially Dr. P. K. DAS, Ph.D for the use of his laboratory facilities; BIO-RAD Ltd. for the generous donation of materials essential for the project and financial support; Reeve-Angel Scientific Ltd. for supplying me with "Cellogel"; BDH for a generous donation; B.U.S.T.A. for a travel scholarship; the Unit of Metabolism at Guy's for their valuable assistance and finally a very kind person who wishes to remain anonymous.

NURSING

The Problems of Recruitment

The compilers of the Briggs Report, stated that if it is introduced, a very large number of extra staff will be required in order both to teach the student nurses and also to care for the patients. Eleven thousand is the total quoted, and to many, this appears to present an insurmountable problem.

It has been suggested that an active recruitment campaign, similar to that used amongst teachers should be pursued, in order to encourage married nurses to return to the profession. However, before embarking upon a task such as this, there will need to be some mass re-education of hospital authorities, in order to remove their prejudices and change their attitudes.

Many hospitals are notorious for their inflexibility regarding married staff, and the question of people working part time, but if there is to be any large-scale recruitment, radical changes are essential.

However there is another area in which recruitment to nursing could be improved, and induce trainees to come forward in larger numbers. This is in the schools of this country, where the attitudes of Headmistresses and their staff, leave much to be desired.

Many nurses could recount tales of school teachers, who, far from applauding their desire to nurse, have actively attempted to prevent them from persuing their aims. This attitude is even more noticeable if the academic ability of that particular person is equal to that of those who are awarded university places. In fact, these teachers who play such an influential role in the lives of every child, are some of the most prejudiced against the profession. In many instances they seem to think that one is still condemned to a life of floor scrubbing and sluice cleaning. Furthermore, they seem to be of the opinion that if their pupils become nurses, it casts a poor reflection on their ability as teachers. If they would only realise that nursing enables one to follow a worthwhile career, in a variety of environments, in addition to a built-in guarantee of never being without work. Three years at university, may well provide a good status symbol, but having obtained that degree in pure mathematics, what does one do with it?

If the authorities would direct their promotional campaigns towards the schools and their staffs, instead of inserting banal advertisements in inferior magazines more success might ensue. The school teachers need to realise that nursing is more than a, just respectable career, for those who are a bit below average intellectually. By actively encouraging, instead of pityingly patronising those schoolgirls who wish to enter nursing, the general standards of entrants would probably rise, and thus assist in establishing the profession on a higher level than is presently the case. The school teachers could be instrumental in effecting this, and as a result, would not have to suffer such distress when their pupils elect to become mere nurses instead of following an academic career.

CORRESPONDENCE

Community Schools

SIR,—I was pleased to read Sue Dowling's letter (March 24) about the formation of a Community school close to Guy's. As I am personally interested and connected with a similar school in London it was good to read of the possibility of the Elizabeth Newcomen School providing premises for a "free school". Unfortunately it would seem that those who know about realising — or not realising — this re-utilisation either do not read the *Gazette,* or find themselves unable to comment.

However, there are one or two other points. The free school movement written of by Sue Dowling is only in part "free". Those schools in Liverpool, the Freightliners and Islington in north London, Brighton Free School and presumably the Bermondsey one, charge no fees. A. S. Neill's school, Summerhill, is not free. All these schools of course share the concept of allowing the child freedom beyond what might be expected under the state system. Furthermore free schools operate quite well away from traditional buildings; Freightliners near King's Cross uses an old rail yard.

Before hearing official comment it would be reassuring for those who are establishing this school to know that they have some support from Southwark and districts hospital.

Yours faithfully,

Guy's Hospital, London, SE1 9RT. DENIS COBELL

"Poached" Salmon

SIR,—Senior nurses who trained in a bygone age and are now near to retirement will no doubt be looking back and wondering if it has been their will which has led to the appointment according to Nursing Times 5th April, of eight male nurses to the most powerful and best paid C.N.O. and P.N.O. positions in nursing. What is astonishing is that not one of these nurses holds the G.M.B. certificate. I am left in amazement that this should have happened and question the wisdom of these men with little or no expert practical knowledge or interest in the ailments and nursing of women in obstetric, gynaecological and children's wards being in these power posts, maybe the one female nurse appointed to a P.N.O. post in the same bay will be the drone to get on with the job to the benefit of the patients.

Yours faithfully,
Miss E. M. GRANT, C.M.B.

Farley Green Cottage,
Albury, Surrey.

Travelling Problems

SIR,—I am reluctant to use your columns to air what will seem to many to be a petty grievance, but am I the only hospital administrator to take exception to your Nursing Correspondent's remarks concerning the attitude of administrators during the present ancillary workers' campaign?

Perhaps Miss Jefferies is in possession of some facts to justify her outburst — or is this another example of the emotionalism which all too frequently characterises her contributions to the *Gazette*? So far as I am aware the administrative and clerical staff, certainly in this Group, have always been willing to undertake whatever tasks have come their way. I suggest that the pertinacity of the overwhelming majority of them (totally non-residential) in getting to work during the recent transport difficulties amply demonstrates the dedication to their work which Miss Jefferies seems so ready to imply is the exclusive prerogative of the medical and nursing staff — especially the latter.

Yours faithfully,

J. R. P. CHAPPLE
Ass. Sec. (Redevelopment)

Counting House,
Guy's Hospital, London S.E.1.

St. Elsewhere's

SIR,—Dr. R. M. Turner's case history from St. Elsewhere's had, it seemed to me, a good deal of constructive value. One has to recall that there can on occasion be what William Penn described as "a wantonness in inquiry", but far more important was to remind doctors that a sense of urgency in dealing with problems is a good thing for relieving the patient even when life is not in danger.

Yours faithfully,

R. C. MAC KEITH.

Guy's Hospital,
London S.E.1.

Gilbert and Sullivan

SIR,—I was interested to read in the current issue of the *Gazette* that the Music Club had performed just recently Gilbert and Sullivan's "The Pirates of Penzance". But I felt that I must hastily correct your reviewer's second paragraph in which he states that this was their "first venture into the realms of the Savoy operas". I remember very well the Guy's Hospital Musical Society in the 1920's, being in the chorus myself, producing "H.M.S. Pinafore" and also "The Pirates of Penzance" both productions, as far as I can remember being performed, each for four nights, at the Rudolf Steiner Hall.

Many of my colleagues no doubt will remember the late Norman Barber and G. J. Hankey (who of course is still very much with us), who took leading parts. I believe also that "The Mikado" was performed, but cannot be sure.

Yours faithfully,

FELIX A. CORFE

27, St. James' Avenue,
London, N20 0JX.

SIR,—On the Review of "The Pirates of Penzance", the writer of this review said that this is the first effort of the Guy's Hospital Musical Club into Gilbert and Sullivan.

I would like to point out to this Reviewer that there was a Guy's Hospital Musical Society, a forerunner of this Club, in the 1920's and I have in my possession a photograph of the cast of "Iolanthe" in May, 1925, performed at the Guild Hall School of Music. Amongst the cast of this Opera there are such well-known people as Lord Brock and George Hankey who is Secretary of the Innominent Society. There are very few of the rest of the cast I know still connected with Guy's, with the exception of Goodliffe, who has just retired from the Medical School Office.

Yours faithfully,

F. W. SANDER

"Woodslea",
63, Parkhurst Road,
Bexley, Kent. DA5 1BA.

Heart of Guy's

SIR,—It's a pity the hockey team lost both their games in the University Cup and the Hospitals' Cup finals but had they won would they, in fact, have achieved an unprecedented double Cup victory? (*Gazette* 13th April). 1973, p. 181).

Guy's won both the Inter-Collegiate and the Inter-Hospitals' Cup in the season 1948-1949.

Yours faithfully,

E. ALEX MURRAY
Captain of Hockey, 1948-51.

33, Castle Street,
Dumfries, DG1 1DN.

L.D.S.—Last Dying Stages

SIR,—Has the Licentiate in Dental Surgery of the Royal College of Surgeons of England really fallen so far from grace? Is only a hallowed vestige remaining; glorified by none but the homegrown general dental practitioner, ineligible for Convocation? Plus of course, the aspirants from abroad who, for a variety of reasons, cannot aspire as high as the academic dignity of a degree.

Now much as we all respect the Guy's School of Nursing, I hardly believe the time is here when the *Gazette* (21st April) should drop the L.D.S.R.C.S. (Eng.) as a qualification from the Royal College of Surgeons' list and lump it as addendum to passes from the hospital's own nursing school—L.D.S.England.

It reminds me of a patient who thought the (Eng.) meant I had qualified as an engineer and taken to dentistry out of morbid convenience. A proper and useful combination, he thought. Such misguided appreciation hardly boosted the conceit of this dental tyro, brimming with basic medical sciences, eager to earn his new status in the community.

Many licentiates may be piqued by such unseemly respect for a professional qualification hardly yet the simplest tag to collect.

So to those who may feel their licence from the Royal College unfairly underestimated by the *Gazette,* take heart. Thousands before you who have toiled the course (and paid the exam fees) remember how their success was brewed in a little sweat. Perhaps even tears. Perhaps not enough in the eyes of some. Nevertheless. congratulations—my fellow engineers.

Yours faithfully,
MICHAEL MABERLEY.

Oral Surgery Department,
Dental School,
University of Wales Hospital,
Heath Park, Cardiff.

SPORT

RUGBY

GUY'S vs. SIDCUP

Crescent Farm: 14th April Drawn: 15—15

As expected this was a close game, the result of which was decided in the last minute. It was a disappointing ending for Guy's who have improved immeasurably in the last several games and who on this occasion seemed to have victory in their grasp until the closing moments.

Although the Guy's forwards strove well throughout the game and won a large share of possession, the backs were frustrated by the swift marking of Sidcup and move after move foundered before gaining impetus. Although Portelly on the wing had a few opportunities to show his pace, Yetton was starved of possession and could make little impact. Danford made some shrewd tactical kicks but he had little room in w hich to set up the centres in an attacking position.

At half-time, Guy's were losing by nine points to nil, but hopes were raised when Fitton succeeded with a difficult penalty kick. The Hospital forced Sidcup up to their own line and from a short penalty Evans chose his moment and slipped over for a try. Fitton converted to make the scores equal.

With great heart Guy's maintained the offensive, but it was another penalty by Fitton that gave them a short-lived lead. Sidcup equalised with a penalty after a scrummaging infringement but most of the attacking football was produced by Guy's at this stage.

As the game approached its end, Cook dropped a goal that was beautifully placed but the Guy's jubilation did not last. The game stopped briefly for an injury and this was sufficient time for Sidcup to reorganise themselves, because they seemed in disarray and were at this point playing with an air of desperation.

In injury time, a technical and thoughtless infringement gave Sidcup a final chance to equalise with a penalty and this they did. The whistle went immediately and on the faces of the Guy's players was written frustration and on their opponents' relief.

Team: G. Evans, T. Gibson, T. Want, J. Rooke, D. Stuart, N. Allen, H. Holliday, K. Rigg, D. Oram, M. Danford, A. Cook, R. Fitton, A. Portelly, R. Yetton, J. Harker.

LADIES HOCKEY

As a glorious end to a successful season, the Guy's Hospital Ladies Hockey Club beat the Royal Veterinary College by 1—0, on Wednesday, 7th March. The match took place somewhere in the depths of Hertfordshire.

Only six players managed to survive the preliminary endurance test to reach the ground in fit condition to play.

As a mark of generosity the opposing team lent one hockey stick plus one player. The score at the end of the long, well fought first half being 0—0, it was decided to supplement both teams with one male player. The play livened up immediately . . . After 25 minutes of the second half Sue Arthur scored a magnificent goal from a very difficult angle. The captain then sensibly suggested that the opponents appoint a goalkeeper.

The final whistle left the Guy's Ladies elated after an unbeaten season.

Played 2
Won 2
Lost 0
Drawn 0

Cancelled: Numerous

Team:— Sue Arthur, Jane Bailey, Pauline Booth, Helena Earl, Jane Graham, Anne Manktelow (goalie).

TENNIS

The 1972 season was one of mixed fortunes, with League matches tending to be lost and friendly matches to be won.

The final results from the season were:

Played 14 Won 5 Drawn 2 Lost 7.

As is usual with a small club, the team consisted mainly of a small group of enthusiasts, and when one or two were unable to play in a match, there was difficulty in fielding a team.

However, the season still proved enjoyable, highlights being the Cambridge tour in May and the 9—0 whitewashing we gave the City of London Police.

Prospects for the 1973 season are bright, with a number of freshers showing interest. There is talk already of arranging games in May, and anyone interested in the idea should contact the secretary of the club.

Week-end tours to Oxford, Cambridge and Winchester are being arranged with other friendlies, including the annual fixture at the Naval College at Greenwich.

Finally may I add that if anyone would like to play tennis for Guy's during the summer would they please contact:—

DAVID MACPHERSON
(*Secretary*).

ATHLETICS

For the last nine years in succession we at Guy's have won the Shield in the University of London Athletic Championships, in which we compete against other U.L. colleges. By establishing a reputation of supremacy we have made a name for ourselves which should be maintained and must find fulfilment by yet another success this year, so providing us with a decade of unrivalled achievement.

Paradoxically, our previous success has not been dependent on physical strength and stamina or any fanatical fitness on the part of our members. It is true that we have had and still do have, some exceptional athletes amongst

us, however many of us are pretty mediocre. Our repeated victories have in fact been due to the large number of Guy's competitors who take part in matches, compared with the smaller numbers from other colleges. In other words, we have quality and quantity. So "stir your stumps", and in whichever capacity you can contribute, give us a try, and drop me a note in the pigeon-hole.

We have a great season ahead, with many matches against other hospitals and clubs on Wednesday afternoons or evenings, thus presenting freedom at week-ends. So whether you're young or old, preclinical or clinical, athletes, or falling apart at the seams, you're welcome to come and have some fun with us this year, and incidentally, win the Shield for the tenth year running.

M. WINK, *Secretary, G.H.A.C.*

SAILING

Guy's entered two teams for the annual Castaways Cup, held on the week-end of the 10th and 11th March, for which the London colleges and hospitals compete.

1st Team: P. Meakins, P. Lacey, G. Barker, Miss C. Nixon, R. Perkins, R. Martin.

2nd Team: W. Sudell, R. Ingham, D. Greaves, R. Ireland, W. Simpson, H. Watkin.

On Saturday the 1st team beat University College 2nd team and U.C.H. while the 2nd team beat the London Hospital team, but lost to Imperial College 2nd team.

On Sunday, an altered 1st team (Perkins and Martin dropping out with work commitments, being replaced by Sudell and Ingham) compensated for the defeat of the 2nd team by beating the I.C. 2nd team, with the help of superior team tactics. This win put Guy's through to the final against I.C. 1st team (who make up most of the London University 1st team). However, the experience of the I.C. team in sailing together showed and they convincingly won the first heat of the final after Guy's made a bad start. The second heat started slightly better and team tactics enabled Guy's to pull back an I.C. boat from third to last place. Nevertheless the overall result was clearly a victory for Imperial College and they were presented with the Cup. The Guy's team, as runners-up, received bottles of wine. We must express our gratitude to the Castaways who organised the event and kept the races running smoothly.

At the end of the proceedings the I.C. team seemed rather concerned about the disappearance of their flag, hoisted as a sign of victory. In the search that followed, their recently won trophy also disappeared. Both articles strangely reappeared in the students' bar at Guy's Hospital.

P. Meakin, P. Lacey, W. Sudell and R. Ingham also sailed for the United Hospitals team in the British Universities Sailing Association annual Championship.

SPORTS DIARY

MAY 5–7	BOAT	Unerupted Eight	Great Maze Pond
9	TENNIS	St. George's	H.O.P.
	BOAT	Angels' Practice	Styx
11	BOAT	President's Swimming Gala	Putney Pier
12	TENNIS	Queen's Cambridge	Away
	BOAT	Allom Cup Regatta	Chiswick
13	TENNIS	Selwyn Cambridge	Away
14–16	BOAT	United Hospital Bumps	Chiswick
16	TENNIS	St. Bart's.	H.O.P.
20	BOAT	Pinta Handicap	Chiswick

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in Clinical Chemistry with duties to commence 1st June, 1973, until 30th September, 1974, in the first instance. Application forms are available from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **18th May, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Senior Registrar** in Orthopaedics for the period 2nd July to 30th September, 1973. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT not later than **18th May, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Orthopaedic and Traumatic Surgery to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board. The appointment will be for four years from the 1st October, 1973, with duties rotating between the Guy's group of Hospitals and the Hastings group of Hospitals. Appointments will be in the Hastings group for the first year. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **18th May, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Geriatrics to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board (St. Helen's Hospital, Hastings) with duties to commence on 1st July, 1973, until 30th September, 1977. One appointment will commence in the Guy's Hospital group of Hospitals and one at St. Helen's Hospital, Hastings, and the successful applicants will spend two years in each Hospital. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **18th May, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Orthodontics to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board for the Woolwich and Cray Valley and Sevenoaks groups with duties to commence on the 1st July, until the 30th September, 1974, in the first instance. The successful candidate will work six sessions per week at Guy's Hospital and five sessions in the South-East region. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital London, SE1 9RT, not later than **18th May, 1973.**

DEATHS

DAVIES—On Tuesday, 10th April, 1973, Anthony Percy Davies, L.D.S., R.C.S., Eng. (Age 59) at home, Paxton House, Llandeilo Road, Cross Hands, Nr. Llanelli, Carmarthenshire.

ELLIS—On 11th April, 1973, quite suddenly at his home, 134a Sandgate Road, Folkestone. George Garnett Ellis, T.D., M.A., L.D.S., R.C.S., beloved husband of Doris.

CHANGES OF ADDRESS

Mr. and Mrs. J. S. Gregson, M.B., F.R.C.S., 10 Gorlands Road, Chipping Sodbury, Bristol, BS17 6LA.

Dr. Henry Richards, 310 Grosvenor Square, College Road, Rondebosch-Cape, South Africa.

Mr. Eric Waite, L.D.S. R.C.S.,Eng. 4 Polefield House, Hatherley Road, Cheltenham, Gloucestershire.

PERSONAL

OPENING for ambitious Dental Surgeon (only half-an-hour from London) A retiring Dental Surgeon has house for sale which has been re-built since the War. Two large reception rooms, large, well-equipped kitchen, sun lounge and four double-bedrooms. Separate surgery accommodation. Suitable for professional purposes or capable of being converted into separate flat. House on site that has been Dental Surgery for over 50 years. View by appointment: Tel.: Crayford 24293, London area code 29, STD code 03225.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2213

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

In a recent survey of the population at large, 71 per cent of people thought that the Government should take some action on the problem of birth control, whilst 64 per cent agreed, in principle, with the idea of free birth control. Athough the Government plans for free contraception were conceived (sic) long before this survey, one cannot help but feel that this is a welcome change in attitude — particularly at a time when Government and people rarely see eye-to-eye.

Birth control can be approached from two angles — contraception and abortion. The abortion rate in 1967-68 (before full implementation of the Act) was 4.1 per 1,000 live births, whereas in 1971, it was 18.4 per 1,000 live births (about 140,000 abortions in all). Of these abortions, nearly 50 per cent were performed on single women, and this has been the cause of some concern. However, less than two per cent were on girls less than 16 years old, so objections directed towards this age group are slightly invalidated. The main problem of abortion is the short- and long-term risk, especially with respect to subfertility and many people seem to think that one has a right to an abortion as much as one has a right to have an ingrowing toenail removed. However, until we have an efficient distribution of contraceptive information and materials, the Abortion Act in its most liberal form should stand unchanged. The present Act is open to wide interpretation and, although the concept of "abortion on demand" is not desirable, this latitude must also be appreciated by the prospective patients.

The present vogue for condemning unwanted pregnancies is deplorable; such an attitude can only be adopted when contraception

is free. At present, a limited amount of contraceptive advice is free in certain clinics, and "The Pill" is provided free to those who are considered suitable, but, after the N.H.S. re-organisation in 1974, these free clinics will cease to exist. This is a gross injustice, since most of these clinics are sited in socially-deprived areas where advice is most needed. It is no use trying to distinguish medical and social cases as some committees have suggested — contraception should be freely available to all who need it, and that includes both single and married people.

Since preventive measures such as immunisation and vaccination are exempt from prescription charges, it is only right that prevention of pregnancy should likewise be exempt. Patients going to a G.P. for contraceptives must pay, unless they are specifically referred as special cases by a social worker, whilst patients attending Local Authority Clinics need pay nothing. The recent grant for G.P.s to prescribe free contraceptives for social cases is a step in the right direction, but why should this not apply to everyone? The present population problem, although a source of jokes to many, is a very real threat to the future of mankind. Only positive, forward thinking can come anywhere near this problem. We, as members of the population involved, have a right to demand a decrease in the number of unwanted pregnancies. Free contraception is an essential part of this demand as a supplement to a liberal Abortion Law.

In this issue we present "Recent Advances in Contraception" — the third of the special issues devoted to a particular subject. This we hope will lead to greater continuity and decrease the fragmentation between the articles of any one *Gazette*. We also introduce "100 Years Ago"; — extracts from the relevant *Gazette* of a century ago which we hope will give an amusing comparison between "yesteryear" and today. We also plan to extend Guy's Diary to cover all major events at Guy's and we hope that our readers will facilitate this by supplying the relevant information. Contributions, criticisms, suggestions and correspondence are of course more than welcome.

GUY'S DIARY

MAY

21	M.	1.00	Clinical Lecture. Mr. RENDALL "Varicose Veins".

JUNE

4	M.	1.00	Clinical Lecture. Mr. SHAHEEN "Tumours of the Nasopharynx"
5	Tu.	1.00	Clinical Lecture. Mr. ELLIS "The Management of Shock"

"Afore ye operate"
Remember glass shows on X-rays

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NEWS IN BRIEF

Department of Clinical Physiology Emergency Blood Gas Service

A new emergency blood gas service commenced on Monday, 30th April. A technician will be on call from 5.30 p.m. until 11.00 p.m. each evening and from 9.00 a.m. until 11.00 p.m. on Saturday and Sunday. (Times other than these will be covered by the duty Anaesthetist.) The technician will carry a bleep.

Any queries about this service should be addressed to Dr. J. Chamberlain, Extension 528.

Students' Club

At the meeting of the Students' Club Council on Friday, 27th April, the following representatives and sub-committees were elected from among the Council members.

Clubs' Union Council representatives	T. J. Goulder
	G. W. G. Vevers
	T. B. Barnes (ex-officio)
Officer of the Book Exchange	Miss F. M. M. Rochford
Entertainments Sub-Committee	T. J. Goulder (Chairman)
	L. D. Ross (Social Secretary)
	S. F. Evans
	D. R. Fine
	T. E. Abrahamsohn
Medical School Catering Committee Representatives	Miss J. Bailey
	G. M. Abrahamsohn
	T. J. Goulder
	N. P. C. Matthews
Members to assist the Senior Secretary	T. B. Barnes
	A. Dighe
	G. W. G. Vevers
Billiards Room Sub-Committee	M. W. Harris
	R. P. Fitton
B.M.S.A. Sub-Committee	Miss A. P. Hemmingway
	D. R. Fine
	D. H. O. Lloyd
	T. J. Goulder (ex-officio)
Guy's representative for Medical School Stroll	N. P. C. Matthews
Medical School Hostels Committee Representatives	Miss J. Bailey
	D. H. O. Lloyd
U.L.U. Representatives	T. J. Goulder (ex-officio)
	Miss A. P. Hemmingway
School Council (Academic Board) Representatives	T. J. Goulder
	N. P. C. Matthews
Dental Council Representative	T. B. Barnes
Sub-Committee in charge of duplicating and production of Students' Club Handbook	R. P. Fitton
	S. D. B. Taylor
	M. W. Harris

Students are urged to make fullest use of these representatives as well as their year representative.

B. V. Robinson,
Hon. Senior Secretary.

ANTARCTIC EXPEDITION MEDICAL OFFICERS

Applications are invited from registered doctors to work at British Antarctic stations which are normally manned by 12 to 24 men. The tour is for one year, which entails an absence from the United Kingdom of about 18 to 21 months.

All stations are equipped to meet most medical emergencies. Doctors may also undertake relevant research, and ample time is allowed for working-up and publication on return to Britain. In the past a high proportion have gained higher degrees from their Antarctic research.

Salary £2,457 — £3,198
Free messing and clothing; low income tax.

Application forms obtainable from:

The Establishments Officer,
British Antarctic Survey,
30, Gillingham Street,
London, SW1 1HY. (Tel: 01-834 3687)

X-Ray Theatres

The X-Ray Theatres will be closed for maintenance and fumigation purposes from 6.00 p.m. on Wednesday, 30th May, until 9.00 a.m. on Monday, 4th June. During this period it will be impossible to undertake any emergency vascular investigation, with the exception of carotid arteriography.

B.M.S.A.

London Region B.M.S.A. are holding a symposium on Medical Education on Monday 21st May, at 3.30 p.m. at Middlesex Hospital Medical School, Cleveland Street, W.1.

Guest speaker — George E. Miller, Director of Chicago Institute of Medical Education. All interested staff and students are welcome.

Starling Ward

It is intended to close Starling Ward for decoration from 29th May, until 8th June. During this period the nursing staff from Starling will join Cornelius Ward and take over the three side wards in Lydia for Medical patients requiring respiratory support on ventilators, or haemodialysis.

The poisons reference service will also be transferred to Cornelius during this period.

Guy's Hospital Dental Society Changes and Exchanges

1. Elections for the new Dental Society Managements Committee to serve for JULY 1973—JUNE 1974 will take place on Thursday, 7th JUNE, 1973.

Nominations are invited for the following students representatives:

Hon. Secretary, Hon. Asst. Secretary, Hon. Treasurer, Hon. Ball Secretary, Hon. Asst. Ball Secretary, Hon. Dinner Secretary, Hon. Asst. Dinner Secretary, 2nd, 3rd and 4th Year Clinical representatives.

Names should be listed on the notices displayed or handed to Miss Margaret Hooley or Michael Morris by Thursday, 31st May, 1973.

2. The Annual General Meeting of the Dental Society will take place on Monday, 11th June — 5.30 p.m. Dental Theatre. All dental students and staff are invited to attend.

3. Exchange Students visiting the Dental School in July and August are anxious to find accommodation during this period. Does anyone have room or would be willing to sub-let their flat.

Please contact Professor D. J. Neill or Miss M. P. Hooley. These students will be coming from Malta, Denmark and the U.S.A. and hospitality shown here will be reciprocated in future exchanges to their Dental Schools.

NOTICES

GUY'S HOSPITAL STUDENTS' CLUB

On the recommendation of the Students' Club Council a General Meeting of the Guy's Hospital Students' Club will be held in the Ball Room in the East Wing, Guy's House, on Friday, 1st June, 1973, at 1.00 p.m.

AGENDA

To report that, following the resolution passed at the Students' Club Annual General Meeting in June, 1972, in favour of a new Union to replace the Club's Union and the Students' Club, the Clubs' Union Council resolved that it recognised the need for a change in the existing constitutional arrangements and set up a Sub-Committee, on which the Students' Club Council was also represented, to prepare a draft Constitution incorporating the principles put forward by the Students' Club Council.

Also to report that the Clubs' Union Council has passed with minor amendment the draft Constitution prepared by the Sub-Committee, that in the opinion of the Students' Club Council this Constitution embodies the principles proposed by the Students Club and that, subject to its being confirmed by the Clubs' Union Council and thereafter by the Council of Governors of the School, it will come into force on 1st January, 1974.

And to consider resolving as follows:

"that, subject to the new Clubs' Union Constitution being confirmed by the Clubs' Union Council at its next meeting (arranged for 29th June, 1973) and by the Council of Governors of the School. Guy's Hospital Students' Club shall be wound up on 31st December, 1973, and all property, assets, rights, liabilities and debts of the Club shall thereafter vest in Guy's Hospital Clubs' Union in order that the Students' Club and the Clubs' Union may merge on 1st January, 1974; and that the Students' Club Council be empowered to take all measures necessary to give effect to this resolution."

T. B. BARNES — *Hon. Student Secretary*

B. V. ROBINSON — *Hon. Senior Secretary.*

GUY'S HOSPITAL CLUBS' UNION

Notice of Alterations of Rules

In accordance with Rule 23 of the Rules of Guy's Hospital Clubs' Union, which is set out below, notice is hereby given that at their last meeting, held on Thursday, 12th April, 1973, the Clubs' Union Council passed a new Constitution for Guy's Hospital Clubs' Union, to take effect on 1st January, 1974, and that, subject to the Students' Club resolving to wind up its affairs on 31st December, 1973, in order to merge with the Clubs' Union under the terms of the new Constitution, the Clubs' Union Council will confirm this new Constitution at their next meeting, to be held in the Medical School Committee Room on Friday, 29th June, 1973, at 5 p.m.

Copies of the new Constitution are available for inspection in the Students' Club Reading Room, the Wills Library and the Medical School Office and a copy is on display on the first floor of the Students' Club premises.

8th May, 1973

C. J. HUNTER-CRAIG
Hon. Secretary.

RULE 23

No alteration of, or addition to, these Rules shall be valid unless it be confirmed at a subsequent meeting of the Council by a majority consisting of two thirds of the members present and voting. Of such proposed alteration or addition, the Secretary, at least fourteen days before the meeting of the Council at which it is to be confirmed, shall give notice in writing to the Secretary of each of the Constituent Institutions, and shall post a notice in the rooms of the Students' Club, and shall cause a notice to be inserted in the *Gazette*.

GUY'S HOSPITAL ALUMNI LUNCHEON
ANNUAL CONFERENCE

Members wishing to attend the Alumni Luncheon, to be held at the Hillside Golf Club, Southport, Lancs., on Monday, 11th June, are requested to contact T. Lewis Griffiths, 104, Waterloo Road, Birkdale, Southport. Full details will be forwarded by post to all interested members.

PRIMARY F.D.S.

A course of study in Anatomy, Special Anatomy, Physiology, Pathology and Microbiology will be held in preparation for the Primary F.D.S. Examination. The course will commence in mid-September 1973 and extend over a period of approximately 15 weeks; classes will be held at 5.15 p.m. on up to four evenings per week. The number of students will be limited to 12. The fee will be £25.00. Forms of application are obtainable from the Dean of Dental Studies, Guy's Hospital Dental School, London, SE1 9RT, and should be returned to him not later than Friday, 29th June 1973.

GUY'S HOSPITAL BOAT CLUB

The "Pinta Handicap" will take place on Sunday, 20th May, at 4.00 p.m. The race has been advertised nationwide and will be televised. All present and past Guy's men are most strongly urged to come along and have what promises to be a very splendid afternoon on the river.

Guy's Hospital Boat Club and the

Milk Marketing Board present

The Pinta Handicap

for the

Cheddar Trophy

Prizes for :

Male and female IV's and VIII's

Fancy Dress

Cream of the Milkmaids

Numerous udder prizes for all entrants

Sunday 20th May 1973

4.00 pm on the Thames

From: Isleworth Ait

To: Strand on the Green, Chiswick

Applications to your Boat Club Captain

Andy Watts '73.

Preliminary General Practice Study of a New Contraceptive

Dr. R. Moffat

In this small study fifteen couples were given the new spermicidal contraceptive "C-film" by their general practitioner. The trial lasted eight months. There have been no pregnancies and any slight difficulty with insertion was overcome with practice. Present indications are that the product is highly acceptable and reliable. It provides a useful alternative for the family doctor to recommend.

General practitioners are playing an increasing part in advising patients about birth control. A recent report (1972) has shown that three-quarters of G.Ps regard contraception as an essential part of their practice.

Family doctors can no longer opt out of their responsibilities in this field although, of course, they realise that many of their patients make their own arrangements through the Family Planning Association clinics or by simply purchasing the condom (or a spermicide) from the chemist's shop.

New methods

Physicians should be alert to, and be made aware of, new contraceptive methods and techniques as and when they occur. The following short report covers a small study made over eight months involving a new-style spermicidal contraceptive, which has been freely available in the U.K. since October, 1972. In Switzerland and Holland it has been on the market since February, 1972. It was originally developed in Hungary, and is the first contraceptive that can be used by either a man or a woman. It is easy to use, has no side-effects and is obtainable without prescription.

C-film

This is a 5 centimetre square soluble plastic film, 80 microns thick, weighing approximately 240 milligrammes and it is impregnated with a proven spermicide, nonylphenoxypolyethoxyethanol. C-film is inserted into the vagina as high as possible up to one hour before intercourse. Should coitus not take place within one hour then another C-film must be inserted. One C-film should be used before each act of intercourse. Only dead spermatozoa could be recovered from the vagina in all of the post-coital trials.

C-film can be inserted by the man by placing it on the tip of the glans of the erect penis. It has passed the International Planned Parenthood Federation's agreed test for spermicidal power, and is now on sale in packages of ten films.

Indications

C-film is particularly useful where other contraceptives have proved to be unsatisfactory or are unsuitable, or where there is a medical contraindication to an existing method (e.g. to the pill or to the IUCD). And it is useful for couples who doubt the reliability of an existing method and who may be advised to continue — with the additional precaution of using this in conjunction with C-film. In these cases it may be used with a vaginal diaphragm or cap; with a condom or sheath or with an intra-uterine contraceptive device. Naturally, C-film can be used alone but where avoidance of a pregnancy is absolutely imperative then double precautions are advised.

G.P. study

In this small survey, fifteen couples in a London suburban general practice were offered, and used C-Film over a period of eight months. In all but one case the product was given to the female partner. One man was offered C-Film after a vasectomy procedure when additional precautions were indicated. All patients were given full verbal, and written instructions on the use of the contraceptive. Thirteen couples were married, one couple engaged to be married, and the other unmarried but cohabiting. The ages of the patients ranged between 19 years and 49 years. All patients were in good physical health and all the women were given clinical examinations at the onset. None had any evidence of pelvic pathology.

In no case has the product been rejected and there have been no pregnancies to date.

Some patients experienced slight difficulty with the insertion of the film but they agreed that with experience and practice they were able to establish a technique suited to their needs.

It is encouraging to report that there have been no complaints of vaginal soreness or pruritus and none of interference with sexual pleasure. All patients have been and will continue to be followed up personally.

Table 1 lists the individuals in the trial under two headings: (1) the last contraceptive method used, (2) the reason for the discontinuation of that method. Readers may wish to note that in some instances the actual words or expressions used by patients have been put down in inverted commas.

There can be no doubt that when a particular technique has failed, the patient is most unlikely ever to use it again and in these circumstances is relieved to learn that a new method has been developed.

Conclusion

This preliminary study shows that in a small group of patients, mostly married couples, attached to a family doctor, there is a desire for a new contraceptive and that C-Film appears to fulfil that need. The trial demonstrates that the contraceptive is acceptable to patients in the present study and has produced no irksome side effects. It can

be used alone or in conjunction with other contraceptives and to date its reliability has not been called into question.

I am indebted to Potter & Clarke Ltd. for much useful information and the provision of C-Film samples for use in this trial.

Reference

Journal of the Royal College of General Practitioners (1972) General Practitioners and Contraception 1970-71 September issue.

TABLE I

Details relating to the 15 couples

Last method used before C-Film	*Reasons for discontinuation*
1. Pill	Side-effects of pill—weight gain, pruritus vulvae
2. None	Boy friend takes "risks"
3. Vaginal pessary	Desire for change: new partner
4. Withdrawal (coitus interruptus)	Failure—pregnancy
5. Sheath	Partner "loses erection with sheath"
6. Vaginal foam	"Burning" sensation in vagina with foam
7. Pill	Vasectomy done. C-Film for post-op period
8. Pill for eight years	"I have been on the pill long enough"
9. Intra-uterine contraceptive device	Pregnancy with device *in situ*
10. Sheath	Lack of intimacy with condom
11. Sheath	Woman with history of hepatitis. Sheath unsatisfactory
12. Pill	Recurring monilial vulvo-vaginitis
13. Sheath/pill	1. Pill reduced her libido 2. Husband heavy drinker
14. None	Engaged to be married
15. None	Surgery for uterine fibroids (myomectomy)

Ed. Note:

We are indebted to the Editor of Community Medicine for permission to print this article.

The Copper-7 Intrauterine Device. A Recently Approved Type of Intrauterine Contraceptive

Dr. R. Saunders

In 1929, Ernst Grafenberg published details of his use of an intrauterine contraceptive device (IUCD) which he placed in the uterus of women patients seeking contraceptive help. His device was a ring of silver wire, the Grafenberg Ring. Opposition to his ideas and work gradually arose. Opposition partly founded on the basis of unfavourable reports about complications associated with intracervical pessaries, often confused with IUCD's, and by the mid-thirties the Grafenberg Ring was largely discredited.

Between 1935 and 1959, only one publication appeared in the English language regarding the use of the IUCD, but a number of individual gynaecologists in USA, England, Japan and Indonesia were fitting IUCD's of one design or another. In early 1960, a renewal of interest was aroused by W. Oppenheimer of Israel reporting on 20 years' experience with IUCD's and by an article published by Ishihara describing the use of the Ota ring in over 20,000 women in Japan. Each paper reported a low pregnancy rate and absence of serious side effects. Reappraisal of the IUCD followed and a wide variety of IUCD's were developed and studied in many countries and at an international conference called only just two years later, it was generally agreed that serious problems were few, there was no evidence of carcinogenic effect with their use and no impairment of fertility after removal of an IUCD even after prolonged use. In some 40 years views on IUCD's had shifted from condemnation to relative acceptance.

The contraceptive action of an IUCD is still not precisely known. It is known that the presence of an IUCD in utero causes cellular changes in the endometrium. It has been suggested that macrophages attracted to the surface of the IUCD, a foreign body, create a hostile environment in which the vulnerable fertilised ovum or spermatazoa are easily engulfed and attacked. Macrophages appear to be stimulated by the presence of an IUCD and attack other cellular matter appearing in the uterus. It would follow from this that the biological effectiveness of an IUCD would increase in direct proportion to the area of uterine surface covered. Extensive clinical studies sponsored by The Population Council showed that . . . "Essentially, size, surface area and stiffness of the device were of utmost importance". A device with a greater surface area would always offer a lower pregnancy rate but conversely a higher removal rate because of

metrorrhagia. The spontaneous expulsion rate of every device was shown to be inversely related to its stiffness and if stiffness increased, expulsion decreased but, metrorrhagia increased. The physical and biological properties required to obtain an optimal contraceptive result with low metrorrhagia and low expulsion rates were intrinsically opposed. A way of increasing the antifertility action of an IUCD but with a decrease in size and stiffness was sought. The ideal would be an antifertility material which would act locally within the uterine cavity and a carrier for such a material which itself would affect the uterus but little. Trace metals were known to be substances which might interfere with endometrial enzyme systems participating in the process of implantation, and of these metals copper showed on animal studies to have the highest activity.

Intrauterine contraception may be likened to topical therapy in other parts of the body in that the therapeutic effect, in this case fertility control, is accomplished by local application of the therapeutic substance to the site where maximum concentration is needed to produce optimal effect. An advantage of topical therapy is that generally, overdosage at the treatment site will have little or no chance of involving secondary structures. Topical therapy to the endometrium has a further advantage in that this is a naturally cycling tissue which sloughs and regenerates monthly.

The major development of the new type of IUCD has been the direct result of work carried out by Zipper, Segura, Medel and Torres in the Department of Physiology and Biophysics in the University of Chile. This group has shown that it is possible to separate the efficacy of an IUCD from a dependence upon its size or surface area. Thus, since certain side effects such as uterine cramping and pain, spontaneous expulsion of the IUCD and in some cases bleeding are also directly related to IUCD size, it has become possible to decrease the side effects whilst maintaining high contraceptive effectiveness only just inferior to that achieved with the combined oral contraceptive pills.

At the Family Planning Clinic here at Guy's we use the Copper 7 IUCD as a means of contraception for some patients. This consists of a small plastic device shaped like a figure seven with specially prepared copper wire of 0.2 mm. diameter wrapped around the stem of the figure. The copper is the contraceptive and the plastic the carrier. The stem is some 3.5 cms. long and the arm about 2.5 cms. long whilst the diameter at its widest part is 2 mm. Hence it can be inserted with little or no dilatation of the cervix and can be used for nulliparous women. Insertion of the device rarely causes more than a few minutes of minor discomfort. Because of its small size, the Cu7, when properly inserted, is rarely expelled, its unique shape helping to ensure good retention. At insertion, the arm or top part of the device which is bent alongside the stem in the introducer, opens up to lie in a transverse position in the uterine fundus. Expulsion of a Cu7, when it does occur, does so most often at the first menstruation after insertion. Studies show that the longer the Cu7 is in place the less chance there is of spontaneous expulsion. At Guy's clinic we ask

patients to attend for a "coil" check after their first menses following insertion and subsequently at regular intervals.

The effectiveness of the Cu7 is quoted by the manufacturers to be of two years duration but clinical data indicates that a total effectiveness is probably more in the order of three years and present studies with the diameter of the copper wire increased to 0.25 mm. will probably provide a device which will exceed five years use of total effectiveness.

Here then is a new IUCD with some advantages over earlier types. Because of its small size insertion is easier, side effects are lessened and it can be used in nulliparous women as an alternative to other methods e.g. the O.C. pill. Because of the presence of metallic copper a contraceptive effectiveness second only to the O.C. pill is obtained. A protection of 98.8 — 99 per cent as opposed to the older types of IUCD's giving 95 — 96 per cent protection. Disadvantages so far are cost, about three times that of other IUCD's, and evaluated effectiveness limited as yet, to two years by the manufacturers.

I have used as a basis for this article information to be found in a booklet published by the IPPF "Intrauterine Contraception", and in a report "Development of a New Type of Intrauterine Contraception", by J. Zipper, R. Segura, M. Mendel and L. Torres to be found in "New Concepts in Contraception", edited by Malcolm Potts and Clive Woods and published by the Medical and Technical Publishing Co. Ltd.

The following is taken from the handbook published by Messrs. Searle who market the Cu7 under the brand name of "Gravigard".

A note about copper and a goddess

The Alchemists of old . . . partly to conceal the names of the materials they worked with . . . used the names and symbols of heavenly bodies to represent various metals; the sun represented gold; the moon, silver; Mars, iron; Jupiter, tin; Saturn, lead; Mercury, mercury; and venus, copper.

The association of copper and the goddess of love and beauty probably stemmed from the current use of copper for the making of mirrors. The symbol of the planet Venus, ♀ , was apparently based on the shape of a mirror, and the alchemists used the same symbol for copper.

Long before the discovery that copper placed in the uterus is a remarkable contraceptive, biologists and doctors adopted the symbol shared by Venus and copper as the symbol for "female".

The Selection of Medical House Appointments at Guy's

Philip J. Helliwell, Superintendent, Guy's Hospital

The belief is generally held that if a student is appointed a house officer in his Teaching Hospital, it is a mark of particular merit. Indeed, appointment committees for Senior posts often attach considerable weight to this point in considering an application. If this is so it follows that great care should be observed in making these appointments, and every effort made to ensure that the method used is fair to everyone.

The procedure for selection varies widely in different hospitals. Some are far from fair and verge on nepotism but Guy's can feel justly proud of the punctilious way in which it has dealt with this problem over the years. Furthermore this procedure is reviewed regularly to make sure that it matches up to present requirements and suggestions to improve it are always welcomed.

House appointments are made four times a year, commencing on the 1st of December, March, June and September respectively. They are for six months and approximately half the posts are available each time. Where two house officers cover the same specialty, or firm the appointments are staggered to provide an overlap.

Pre-Registration Appointments:

It is the responsibility of the Dean in conjunction with the House Appointments Committee to advise which appointments are suitable for pre-registration posts. Every student before he becomes registered must complete a year in recognised house appointments. Six months must be in general medicine or surgery but the other six months may be in a more specialised branch of the opposite specialty.

The posts for which we are responsible at Guy's are divided into three categories:

1. Open to pre-registration candidates who qualify at Guy's applying for their first six-month post.
   They comprise in total:
   - 6 General House Physicians
   - 6 General House Surgeons
   - 3 Orthopaedic House Surgeons
   - 2 E.N.T. House Surgeons
   - 2 Gynaecological House Surgeons
   - 4 House Physicians at New Cross combining General Medicine, Rheumatology and Geriatrics.
2. Open to pre-registration candidates who qualify at Guy's who have already completed a first six-month appointment either at Guy's or elsewhere:
   - 2 General House Physicians
   - 2 General House Surgeons
   - 2 Genito Urinary House Surgeons
   - 1 Thoracic House Surgeon

The General House Physician and General House Surgeon posts in this group are known as cross-over posts and awarded to the best applicant who has already completed a six-month pre-registration post in medicine or surgery. They were introduced to provide an element of more senior cover on the General Medical and General Surgical firms and thereby help preserve continuity. Experience taught us that when half the House Physicians and House Surgeons changed every three months and were always filled with newly qualified candidates the cover provided by the House Staff in the Hospital was insufficiently experienced.

3. Preference given to pre-registration candidates who have already completed a six-month appointment but for which the first six-month candidates may apply:
   2 House Physicians at St. Olave's
   2 House Surgeons at St. Olave's
   Certain posts in Regional Hospitals at Beckenham, Greenwich, St. Helen's Hospital — Hastings, Hither Green, Lewisham, The Miller, Orpington and Pembury.

Method of Appointment

The procedure for appointing all the three groups above is as follows:

Candidates are asked to fill in an application form, the front of which asks for the routine information about the individual and on the back of which he/she is asked to name the various jobs for which he/she wishes to apply in order of personal preference. Applications are considered first by the Registrars' House Appointments Committee. This is constituted as follows:—

The registrars attached to the four surgical firms at Guy's
The senior surgical registrar at St. Olave's
The registrars attached to the four medical firms at Guy's
The medical registrar on rotation at Lewisham Hospital
The medical registrars at St. Olave's Hospital
The two obstetric registrars
The obstetric registrar on rotation at Farnborough Hospital
One Orthopaedic registrar
Three registrars nominated by the Junior Staff
A Chairman nominated by the House Appointments Sub-Committee

The Committee have before them the list of first and second six-month applicants and the student record cards maintained by the Medical School. On these cards is a sign up for every appointment the candidate held as a student, assessed in terms of regularity or attendance and ability. It is possible by a simple mathematical formula to express this record as a number which allows the applicants to be placed roughly in order of merit. Each individual is then discussed by the registrars who have taught them until final orders of merit for the two groups of applicants are agreed.

These orders of merit are then passed to the House Appointments Committee which is a Standing Sub-Committee of the Medical Committee. This meets the following day and is constituted as follows:

(a) Nine Consultants appointed by the Medical Committee each serving a three-year term, three to retire annually. Retiring members are not eligible for re-election for a further year.

(b) A Chairman appointed for a term of five years by the Medical Committee.

The Dean and Sub-Dean.
The Chairman of the Registrars' House Appointments Sub-Committee.

Ex officio:

The Clinical Tutor. (+ one registrar if the Clinical Tutor is the Registrar's Chairman).
The Superintendent.

Terms of Reference:

To appoint all House Officers and to recommend to the Medical Committee Executive such alterations in the pattern of appointments as they deem advisable.

The Committee undertakes its tasks firstly by examining the orders of merit as prepared by the registrars and amending them as they see fit. The Chairman of the Registrars' House Appointments Committee attends to present the views expressed at the Registrars Meeting when necessary. Lastly the Committee integrates the two lists until one final order of merit is decided upon.

The Committee also has before it a list of all the posts available together with the names of the candidates applying for that post and their order of preference for it. On this list the individual General House Physician and General House Surgeons posts are not identified so that the members of the Committee do not know which individual post represents an applicant's first choice.

The Committee then matches the final order of merit with their applications in order of preference so that the top candidate available gets his highest available choice.

Post Registration and Combined Pre-Post Registration Posts

References for post-registration or external pre-registration applicants are taken up before the meeting and used by the Committee to decide on all those applicants not included in the final order of merit, seeking a post-registration of second pre-registration post. References are not used for internal candidates applying for the two "cross-over" second six-months posts.

Senior House Officer posts in the Special Departments:

Separate appointment committees are convened before the House Appointments Committee Meeting. These appointments Committees comprise two members of the specialty concerned and a Chairman who is a member of the House Appointments Committee. They have power to appoint because experience has taught us that any delay in confirmation of an appointment leads to a candidate taking up a post elsewhere. The Chairman of these Specialist Appointments Committees has to explain to the main Appointments Committee the reasons for their choice, whenever any appointment is in doubt.

Finally, we are left with the allocation of the General Medical and Surgical pre-registration posts.

The morning following the House Appointments Committee the Chairman, with two other censors from the Committee are made aware of the preferences expressed by those applicants who have been successful in obtaining one of these posts. Once again they are allotted accordingly to the order of merit. Not until this moment are these preferences known and in this way it is quite impossible for anyone, including members of the House Appointments Committee to influence a candidate's application for a particular post.

The system has its faults but it is as fair and democratic as it is possible to devise in the circumstances. To achieve this requires a lot of work from the Medical Staffing Office and a lot of time and thought on the part of those registrars and consultants who take part. It does, however, mean that if you have been successful in obtaining a House Appointment at Guy's, almost certainly you have won it on merit.

BOOK REVIEW

ANATOMY 1,600 Multiple Choice Questions. M. J. T. Fitzgerald J. P. Golden, M. Fitzgerald. Butterworths 192 pp. 95p 1973.

The pro's and con's of multiple-choice questioning are now well harrowed, leaving one outstanding problem affecting expansion of this technique—the creation of suitable questions. This is a tedious process which appeals to few, and the volume here reviewed is therefore all the more welcome, there being few competitors in this particular field at present. The authors, all members of the Department of Anatomy of University College, Galway, have covered not only regional topography, but also embryology and histology. Neuroanatomy, central and peripheral, occupies a separate section. A small fraction of the questions are based on identification of structures in simple diagrams, the rest are of the usual "true" or "false" type. The authors claim to have made their questions as relevant to clinical practices as possible. They have provided a most useful reference volume.

R.W.

NURSING

Why Do They Fail ?

Much time and thought has been given over recent years to the cause of the high failure rate among nurses in their final examination. Although when compared with some other disciplines, the rate is not excessive, it is nevertheless much greater than that of ten or fifteen years ago.

Many reasons are given for the change, not least amongst them that the standard is now higher. This of course may well be true, but then we are constantly informed that the standards of school leavers are now so much greater than previously, and therefore it is only logical that there should be a balance in that direction.

Another theory recently postulated was that nurses are the only students who work for forty hours in the week prior to their examinations. This is of course a fact, and no nurse should be expected to undertake night duty during this time. However, the university practice of allowing a period of several weeks in which to prepare for final examinations has many drawbacks. One becomes increasingly concerned and less able to concentrate during that time, and the opportunity to be occupied with practical work, is of great assistance in diverting one's thoughts and preventing unnecessary worry. In addition to this, since nursing is essentially a practical profession, the passing of examinations depends to some extent on whether the candidate has actually cared for patients suffering from the diseases about which she is asked.

There seem to be two main reasons for the 33 per cent failure rate amongst nurses. Firstly is the universal one which is currently causing concern to all educational authorities, that of the inability of many students to express themselves in writing. This appears to be attributable to the educational system in general, and to the ridiculous attitude of inadequate correction. In the case of nurses, there is the additional fact that they are required to present very little written work during their training.

The other reason for the failures seems to be that of an antiquated syllabus. Furthermore, the presentation is often somewhat strange. Nurses are bombarded with information during the early weeks of their training, and nothing is held in reserve on which to build at a later date. As a result, the students are complaining of boredom by the second year of their training, and with very good reason. Consequently, interest is then lost, and with it the incentive to work, resulting in examination failure.

It would seem then, that two courses of action might assist in improving the success rate. In the first instance, nurses should be expected to undertake more individual work during their study periods. At present most of them view these weeks as rest periods. Secondly, complete reconstruction of the syllabus appears to be necessary. Much material which at present is learned at a very early stage, could be postponed to a time when it would be more comprehensible. This would eliminate the loss of interest at a time when stimulation to greater effort is essential.

100 Years Ago

Saturday, 17th May, 1873

From the editorial: Women in Medicine

If we start with the idea that women are more likely to succeed in the practice of our profession than men, there would then be natural cause for apprehension at the invasion of our vocation. If, on the other hand, it be true that women are totally unfit to practice medicine then the best thing to do will be to let them try and fail. A practical test is worth any amount of theory.

And from a letter by John Utting in the same vein:

"I cannot believe the whole of Miss Miller's letter to be a fair representation of her ideas on the subject for is it not against the nature of women to cry 'Jubilate' at having rendered herself unworthy the love of one who could not appreciate women's taste for the disgusting grades that must necessarily be gone through in study before the requisite knowledge, for the practice of our art, be obtained? I say disgusting because it has long since been written that in the study and practice of medicine and surgery there is much that is disgusting, but the object is divine". He continues:

"To women belong all that is social and domestic. To her is entrusted the responsible duty of training and watching those of infancy and childhood, instead of starting, through some blind infatuation, and desire for notoriety upon a path so unfitted for her".

At this point the *Gazette* closed its columns to this vexed question and women were finally admitted to the hospital.

The following cases were admitted from 7th to 17th May, 1873:

Astley Cooper—Ague, Dropsy, Opium Poisoning.

Mary—Rupia Syphilitica.

Addison—Chorea, Erysipelas, Gastralgia.

Martha—Weak ankles.

Ruth—Granulations with Panus.

and questions from the Apothecaries' Hall Pass Examination, 8th May, 1873:

Medicine—Give an account of a case of Erysipelas and its treatment.

Pathology—Name the various forms of disease in which electricity is used.

Forensic Medicine and Toxicology—In a case of cut throat, how would you tell whether it was "homicidal or suicidal"?

CORRESPONDENCE

The Price of Salmon

SIR,—Since my appointment a little over eighteen months ago, I have been a regular reader of the *Gazette* and, quite naturally, the articles in the Nursing Section catch my eye. Whilst not always able to agree with the content, I can applaud the effective way in which your nursing correspondent draws attention to controversial topics affecting nurses and nursing.

On 21st April, 1973, Passim was unusually devoted to comment by a nurse on a major change in the hospital nursing service and as, inevitably, this will be given a local interpretation. I hope you will allow me to answer briefly one or two of the points of view put forward.

Before the implementation of the Salmon structure in the Guy's Group there were 59 nursing staff in post in Whitley Council grades above that of Ward Sister; of this number 20 were teaching staff. In the new structure, the establishment of nursing officers grade 7 and above now totals 65, of which 37 are teaching staff approved by the General Nursing Council and paid for by the Area Nurse Training Committee.

The cost of Salmon in many hospital groups has escalated because replacement staff have had to be found to relieve senior nurses of extraneous tasks such as the control of domestic and catering staff, and the supervision of dining rooms, nurses homes, linen rooms, laundries and so on. In the Guy's Group this was not a problem.

The most important aspect of the implementation of Salmon, and one cannot over emphasise this, is the careful assimilation of existing members of the staff to comparable posts in the new structure. The National Nursing Staff Committee has laid down very clear and precise selection and appointment procedures to ensure that all senior nurses involved in the change are properly protected but, at the same time, to avoid filling posts carrying increased responsibility with unsuitable local candidates at the expense of others with the right qualifications available from elsewhere. These procedures were followed meticulously in the Guy's Group and consequently I feel confident that no one has suffered.

It is to be hoped that the experiences of nurses in coping with Salmon over the past four years will be helpful to others during the more extensive reorganisation ahead of us in 1974.

Yours faithfully,

EILEEN HAIGH
Chief Nursing Officer

Guy's Hospital,
London, S.E.1.

Passim — Gazette, 21st April 1973

SIR,—I am writing to request a truce between your Nursing Correspondent and the Salmon Report, or, if this cannot be, that a member of the senior nursing staff be asked to write an account of the benefits which the implementation of this structure at Guy's might bring to the patients.

As an ex-member of the nursing staff at Guys, I am only too aware of the problems which the nursing staff have had to face during the past few years. It seems to me that your Nursing Correspondent has been using the *Gazette* as her own personal agony column for too long. The image she projects of nursing at Guy's is, I hope, distorted, in a hospital which has a long tradition of such high standards of care. I am sure these standards have been and will be maintained, whatever type of organisational change is introduced, now or in the future. It is important to remember that Salmon is an organisational change and not a religious revival movement; it must be kept in the former category, and not allowed to creep into the latter, which it seems in danger of doing as a result of the consistently bitter attacks it receives in your pages.

The Salmon Report is now seven years old and Guy's is one of the last groups in the country to be implementing it, so it can hardly be said to be in the first rush. When published, it was largely accepted in nursing circles,

and it was not until implementation was speeded up that it came under fire. It seems to me that the report was necessary for two main reasons. The first was that the system set up by Florence Nightingale, which was quite excellent for the first half of this century, was badly in need of review. If nursing was to survive and gain strength as a profession it needed to produce its own leaders and plan its own policies, alongside the medical profession. No problems had occurred in this connection until our society ceased to lose three or four hundred thousand (or more) men every twenty years in a world war. We had previously been provided with whole armies of single women, who were not necessarily single through choice, but because they had no alternative. The demographic changes after the war were such that by the mid sixties the number of eighteen-year-old males in society equalled the number of females (they now slightly outnumber them) for the first time this century. Professions such as nursing and teaching consequently began to suffer as a result of such welcome changes in the structure of society. Planning for the future then, meant the better utilisation of nursing womanpower and the inclusion of manpower. It meant facing the fact that more and more part-time nurses would need to be included as full members of nursing teams, and not simply the extras viewed with such scepticism by many full-time staff. It meant defining nursing more carefully — still not achieved, but we are at last beginning to talk of what nursing really is, rather than of non-nursing duties. Out of all this a career structure for the organisational and the clinical content of nursing had to be developed. We are not yet there, particularly on the clinical side, but it is surely right to look at the organisation around what it is aiming to do, and to look at the resources available to do it. The second reason, it seems to me, was a growing recognition that care could actually be measured, and if it could be measured it might be able to be improved. Everything is far from rosy in the garden of patient satisfaction; the neglected areas of care need urgent attention, not only in the psychiatric and long-stay units, but in the general hospitals too. The work of R. W. Revans and others in the field of hospital activity has shown there is a great deal to be achieved, which will benefit not only patients, but hospital staff in addition. Those who criticise the Salmon Report so fiercely sometimes appear to be deluding themselves that all was well with the previous system, and I believe this to be far from true.

The Report proposes a set of principles around which hospital groups can bring about real improvements in all aspects of nursing—that is what "it's all about"; nowhere does it state that the title of ward sister should actually be discontinued and it certainly does not concern itself with name badges, although better communications is its central theme. I can best express my opinion by quoting Professor Butterfield in his recent forward to the published account of the Hospital Internal Communications Project (Changing Hospitals) in which he states "However, we doctors and nurses are just beginning to realise that carping against administration and management is not good enough for a variety of reasons that are being borne in on us day by day". To take this view further, administration does not exist as an entity unto itself, although it is easy to carp and attack it—it is where the "can is carried" and is therefore an attractive target. I do not know who holds the view that ward sisters (whether called Miss, Mrs or even Mr — or perhaps Ms!) will have, as Miss Jefferies states "effectively abandoned nursing". I certainly do not, but then, I happen to believe that the majority of nursing administrators really care about patients, as do nurse tutors, and that the new post of unit nursing officer *can bring about real improvements at ward level*, by the help and support it can offer to ward sisters, who are more hard-pressed than ever and who now (officially) only work a forty-hour week.

I suggest that your Nursing Correspondent might change her tactics to a more positive approach, and perhaps lead a campaign for an objective assessment of Salmon, when it is more fully implemented.

Yours faithfully,

7, Cholmeley Close,
215, Archway Road,
Highgate, N.6.

TREVOR CLAY
Chief Nursing Officer,
North London Group H.M.C.

A Century of those whose business ties with Health

SIR,—I read with great interest Part II of "A Centenary of those whose business ties with Health", and I am able to answer one query.

The Fripp who was in the winning team of the Inter-Hospitals boxing championship in 1921, was Thomas Morley Fripp, a nephew of my father, Sir Alfred Fripp. Tom subsequently went into practice in Colchester, and lived there until his death, some years ago.

Yours faithfully,

ALFRED T. FRIPP

Mascalls Farm,
Banks Road,
North Chailey,
Sussex BN8 4JG.

SIR,—Ref "A Century of those whose Business ties with Health".

On page 195, W. Sheeran says he has been unable to trace if this Summerskill was a brother of the noble Lady. Those of us of that era well remember discussing the opposition to boxing of Dr. Summerskill and the opinion H. Summerskill had of his cousin.

The whole report is most interesting and had brought back many happy memories.

Yours faithfully,

J. P. MEACOCK

6, Carlton Gardens,
Warwick Avenue,
Coventry, CV5 6DH.

Colonel S. Mck. Saunders

SIR,—I am sure you will be sorry to learn of the death of Colonel S. McK. Saunders who died early this month in Devon in his ninetieth year.

He was captain of the Guy's rugby side in 1906-7 when they had a very successful year. He also played for the Barbarians, for Devon and for Kent and was selected for the tour of Australia and New Zealand when he played against the All Blacks.

Yours faithfully,

T. L. T. LEWIS

109, Harley Street,
London, W1N 1DG.

"Gilbert and Sullivan"

SIR,—Further to the letters of Felix A. Corfe and F. W. Sander in the issue of the 5th May, I can remember the production of the Mikado referred to by your first correspondent. So far as I can remember L. B. Somerville-Wodiwiss (subsequently I believe shot when an R.A.F. Officer, by border guards when pleasure boating in the vicinity of Crete) in the name part.

Memory is faint but I think this production was at the Guildhall School of Music and must have taken place somewhere around 1930, as I attended it.

Yours faithfully,

S. N. TINKLER.

Kyle House,
71 Lichfield Street,
Walsall, WS4 2BY, Staffordshire.

St. Elsewhere's

SIR,—I was very sorry to read that Mr. T. M. Coltart had missed the point of my patient's account of his hospital experience. I had hoped that it would show a contrast between the energetic, expensive and prolonged search for a physical cause for a brief illness, and the failure to act on the very reasonable suggestion of emotional stress offered by the patient. This suggestion was abruptly dismissed as irrelevant by the surgeon, while failure to listen to the patient was further shown by an extract from a hospital letter in which he was accused of withholding information about his history although he had told all he knew.

This man is an intelligent and articulate individual. His complaint is that he was neither consulted nor informed but was rather ignored. I agree that investigation of symptoms is necessary, but complete investigation should include some enquiry into the background and environment of patients. Emotional stress is a more common cause of abdominal pain than presumptive and unproved biliary mud.

Yours faithfully,
DR. R. M. TURNER

Lakeside Health Centre
Tavy Bridge,
Thamesmead, S.E.2.

SPORT

TENNIS

The tennis season got under way with a U.L.U. Cup Match vs. Queen Elizabeth College on Tuesday, 8th May, at H.O.P. Guy's fielded a strong side but were confronted with an equally strong side and a dour struggle ensued.

Starting at 6 p.m. on a cloudy evening meant that time and play would be limited. The first and second pairs got down to business and both eventually came out on top after being taken three sets each. The first pair, C. Mackenzie and A. Colman winning 6-2, 3-6, 6-3, and the second pair, N. Bullock and D. Macpherson winning 6-2, 4-6, 7-5—a grim battle. The third pair, C. Willams and R. Yetton succumbed 6-4, 6-3, to their opposite numbers.

In rapidly decreasing light, the first pair disposed of Q.E.C. second pair 6-2, 6-3 and the second pair beat Q.E.C. third pair and Q.E.C. conceded the match 5-4. A good victory.

On Wednesday, 9th, Guy's tennis team again took to the courts in a League match vs. St. George's, this time with a more scratch side. N. Bullock and D. Macpherson, to their horror found themselves in the first pair and were 0-5 down in the first set against their opposite numbers before they realised they could actually win. With Bullock grumbling about disclocated shoulders, they never looked back and won 3-6, 6-1, 6-0.

John Efthemiou and Ian Nicholson — a hastily recruited player — fought long and hard but decided it was all too much and lost 6-2, 3-6, 3-6. The third pair D. Hughes and S. S. Chanbott, promising freshers, also lost 5-7, 3-6. Time and light were again running out with rain in the air and hasty single matches ensued. It was agreed that the best of two sets would be quicker, resulting in N. Bullock, J. Efthemiou, D. Hughes and D. Macpherson all drawing one set all. Ian Nicholson was the sole singles victor deposing of his opponent ruthlessly 6-1, 6-2. The final result was St. Georges won 5-4.

RUGBY

Middlesex Seven-a-Side

Twickenham, 5th May.

Winning through to the finals of this event was a memorable achievement and the result of hard work by many members of the club. As the scores testify, the early rounds were not easy but Guy's won with a series

of skilful games against very determined sides. The results of the preliminary rounds held on 28th April, were as follows :

University of Kent 10-4;
Old Dartfordians 16-12;
Eton Manor 16-6;
Blackheath 7-0.

At Twickenham, Guy's were drawn against London Welsh II in their first game. It was a tense and exciting match and the hospital had enormous support from the large crowd. In the opening moments Guy's scored when Yetton broke through a gap and ran straight for the line. None of the Welsh was able to match his pace. Evans converted. London Welsh equalised but Guy's drew ahead again when after some cool passing Ross seized his chance. With great determination and shrugging off at least one tackle he scored the second try. Evans again converted and later in the game secured Guy's victory with a penalty kick. The final score was 15-12 to Guy's and the narrow margin gives and indication of the anxiety and excitement generated amongst the players and the hospital supporters present.

In the next round Guy's were confronted by London Welsh I, who of course, eventually went on to win the competition. Guy's, slightly in awe of the stature of their opposition did not appear quite so confident in the second game. London Welsh won an early advantage and despite some brave tackling managed to amass 26 points. The hospital simply could not win sufficient possession to make an impression on the game.

Although losing is always a disappointment, the Guy's seven can really be quite proud that they reached the final stages of the competition. Throughout, they played a high standard of rugby football, which will for a long time reflect great credit on themselves and the rugby club as a whole.

T. G.

Team: G. Evans (Capt.), J. Ross, H. Holliday, A. Cook, R. Yetton, A. Portelly, G. Owen.

Reserves: M. Danord, C. McLauchlan, B. Hagan.

SPORTS DIARY

MAY	18	TENNIS	U.C.H., U.H. Cup	H.O.P.
	19	CRICKET	Honourable Artillery Company	H.O.P.
	20	BOAT	Pinta Handicap	Chiswick
		CRICKET	Reigate	Away
	22	TENNIS	(Men's) M.S.S.	H.O.P.
	23	CRICKET	2nd XI R.N.C. Greenwich	H.O.P.
			(Men's) Westminster	Away
		TENNIS	(Women's) U.C.H.	H.O.P.
	26	CRICKET	Dover	Away
	27	CRICKET	Dragonflies	H.O.P.
	30	TENNIS	(Women's) Bart's	Away

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **senior registrar** in anaesthhetics under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board (Lewisham Hospital) for the period 1st October, 1973, to 30th September, 1976, with the first year to be spent at Lewisham Hospital. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT not later than **25th May, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **senior registrar** in general medicine and diseases of the chest under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board (Woolwich Group H.M.C.) for a period of four years to commence 1st October, 1973. The successful candidate will spend the first year at Guy's Hospital. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT not later than **25th May, 1973.**

PASS LIST

Royal College of Physicians of London
F.R.C.P.

Joseph Luder.
Irvan Yentis

SCHOOL OF DENTAL HYGIENE

March 1973

Carol Hateley
Barbara Jervis
Nicola Nye
Susan Ollivere
Patrician Richards

HOUSE APPOINTMENTS

1st June, 1973

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark Dr. Grahame.
Mr. R. E. Clifford-Jones
3 *months*
Mr. T. K. Day
6 *months*

Dr. Hardwick, Prof. Trounce, Dr. Cameron, Dr. Ogg.
Mr. P. S. Murdoch
3 *months*
Mr. B. J. M. Jones
6 *months*

Dr. Houston, Dr. Knight, Dr. Deuchar, Dr. Grimble.
Mr. D. B. O'Keeffe
3 *months*
Mr. S. C. Ng Tang Fui
6 *months*

Prof. Lessof, Dr. Joiner, Dr. Burry, Dr. Sowton.
Miss H. J. Weller
3 *months*
Mr. A. James
6 *months*
Miss P. M. Curran
6 *months*

House Surgeons

Mr. Blackburn
Mr. Maynard, Mr. Ellis
Mr. S. P. Hanley
3 *months*
Mr. C. R. Franks
6 *months*

Mr. Lawrie, Mr. Beard, Dr. Wayte
Mr N. J. B. Barnard
6 *months*
Mr. B. J. Holdsworth
6 *months*

Mr. Glover Mr. O'Flynn, Mr. McArthur
Mr. R. E. Sturdy
3 *months*
Mr. P. A. F. Hewish
6 *months*

Prof. McColl, Mr. Rendall, Mr. Bewick ..
Mr. C. D. Pusey
3 *months*
Mr. P. Mowschenson
6 *months*

Gynaecological House Surgeons

Mr. M. C. Mace
3 *months*
Mr. T. R. E. Barnes
6 *months*

Throat and Ear House Surgeons

Mr. G. L. Barker
3 *months*
Miss P. S. J. Birch
6 *months*

Orthopaedic House Surgeons
(including duties at New Cross Hospital)

Mr. B. H. Boyle
3 *months*
Mr. J. F. Grace
3 *months*
Mr. K. S. Nicholson
3 *months*

SHO to the Renal and Transplant Units

Mr. W. F. Jackson
3 *months*
To be appointed later
6 *months*

Genito-Urinary House Surgeons

Mr. J. Stephens
3 *months*
Mr. A. J. Pickup
6 *months*

Children's House Physicians

Mrs. V. J. Wass
3 *months*
Mr. A. E. A. Ford-Jones
6 *months*

Casualty Officers

Mr. E. G. Latimer-Sayer
3 *months*
Mr. A. J. Batch
3 *months*
Mr I. D. Harrison
3 *months*
Mr. J. Lewis
6 *months*
To be appointed later
6 *months*
To be appointed later
6 *months*

Resident Obstetricians

Mr. R. G. Thomson
3 *months*
Mr. N. K. Barber
6 *months*

Neurological House Physician

Mr. P J. Marriott
3 *months*

Dermatological House Physician

Mr. R. J. Hay
3 *months*

House Physician in Child Psychiatry

Miss R. Greig
6 *months*

House Surgeons to the Thoratic Unit

Mr. D. A. Raper
3 *months*
Mr. W. J. Jenkins
6 *months*

House Physicians in the Department of Psychological Medicine

Miss P. J. Taylor
3 *months*
Mr. D. McDiarmid
3 *months*
Mr. B. Creichton
3 *months*

Resident Anaesthetists

Mr. A. J. Sutherland
3 *months*
Miss J. Oliver
3 *months*
Mr. M. L. Nancekievill
6 *months*
Mr. J. H. Reynolds
6 *months*

Senior House Officers to Nuffield House

Mr. R. R. N. Carvalho
3 *months*
Mr. M. Stodell
6 *months*

Children's House Physicians at the Evelina Hospital

Mr. D. R. Taylor	1.2.73—31.7.73
Mr. J. F. Price	1.4.73—30.9.73
Mrs. H. M. Powell	1.6.73—30.11.73
Mr. C. H. Collis	1.8.73—31.1.74

Casualty Officers at Evelina Hospital

Mr. Y. K. Gupta
3 *months*
Mrs. A. Furtado
6 *months*

ST. OLAVE'S HOSPITAL

House Physicians
Mr. W. C. Brownlee
3 *months*
Miss E. J. Eadie
6 *months*

House Surgeons
Mr. J. C. Davies
3 *months*
Mr. W. A. C. McAllister
6 *months*

Gynaecological House Surgeon
Mrs. R. Khatoon
3 *months*

SHO in Psychiatry
Mr. P. Kulhara
3 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, Geriatrics and Rheumatology	Mr. R. A. Burlinson 3 *months* Mr. J. R. Monson 3 *months* Mr. K. Clifford 6 *months* Miss C. Moynahan 6 *months*
Orthopaedic House Surgeon — see under Guy's	
Senior House Officer to Rehabilitation Unit	3 *months*

BECKENHAM HOSPITAL

House Physician	Mr. D. J. Palin 3 *months*
House Surgeon	Mr. P. Boyce 3 *months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone	Mr. A. N. Johns 3 *months*
House Physician to Dr. Elliott, Dr. Collover and Dermatology	Mr. A. D. Crawford 3 *months*
House Physician to Dr. Mallinson	Mr. R. Ashman 6 *months*
House Surgeon to Mr. O'Flynn, Mr. Wilson, Mr. Hollis, Mrs. Wengraf	Mr. H. A. Sowerby 3 *months*
House Surgeon to Mr. Eldin, Mr. Williams and Mr. Park	Mr. H. Robertson-Ritchie 3 *months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. N. Pinder 3 *months* Mr. D. M. Gillman 6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Mr. E. J. Evans 6 *months*
House Physician to Dr. Roberts	Mr. P. Ranger 6 *months*
House Surgeon to Mr. Lynn Evans	Mr. R. G. James 6 *months*
House Surgeon to Mr. Ivo Smith	Mr. T. J. Cox 6 *months*
House Surgeon to Mr. Monty	Mr. H. D. Fuller 6 *months*
House Surgeon to Mr. Le Brun	Mr. R. S. Ackroyd 3 *months*
House Physician to Dr. Llewellyn Smith	Mr. A. M. Turner 3 *months*
House Surgeon to Mr. Cavandish	Mr. S. Edwards 6 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Bassadone, Dr. Mallinson	Mr. L. K. Jackson 3 *months* Mr. W. H. Konarzewski 6 *months*
House Surgeon to Mr. O'Flynn	Mr. J. L. Ogle 6 *months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and Mr. Rainer	Mr. R. J. Walsh 6 *months*
Mr. Walker-Brash and Mr. Rainer	Miss M. E. F. Clift 3 *months*
House Surgeon to Mr. Walker-Brash and Mr. Lam	Mr. G. L. Scott 6 *months*

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavy	Mr. J. B. M. Winter 3 *months* Mr. H. W. Holliday 6 *months*
House Physicians to Dr. Miller and Dr. King	Mr. J. C. Taylor 3 *months* Mr. A. J. N. Renshaw 6 *months*

ST. HELEN'S HASTINGS

House Physician to Dr. Irvine	Mrs. S. C. Wells 3 *months* Mr. A. J. Bennett 6 *months*

ST. NICHOLAS PLUMSTEAD

House Physician to Dr. Scott	Mr. R. Barry 3 *months*

P. J. HELLIWELL
Superintendent

BIRTHS

COOK J. G. Born at Colchester Hospital, Truro, Nova Scotia Canada, on 2nd April, 1973 a sister to Andrea, Shona, Lynn, Doreen.

JUNIPER: To Richard and Honor (née Glass) on 19th March, at the Royal Sussex County Hospital, Brighton, a son Matthew Pudan.

DEATH

ANDERSON — Dr. Charles of Paeroa, New Zealand, at Thames Hospital on Thursday, 19th April, 1973.

CHANGES OF ADDRESS

Dr. R. V. Steward, 3, Barton Court Road, New Milton, Hants.

PERSONAL

FLAT FOR SALE. CATERHAM. Modern two-bedroomed maisonette on 2 floors. 3/4 miles from station. Garage. £12,950. Apply Miss Oppitz, Counting House. Ext.: 665.

FOR SALE: Monaco Mk. 2 bought August 1969, but hardly used. Complete £80. Daytime — Guy's Extn. 241 Evenings 654-1759.

FURNISHED FLAT to let for doctor or students only. 2 rooms, kitchen and bathroom — £20.00 per week. 5 minutes Guy's Hospital — phone 407-4874 Monday — Friday 9 a.m.-5 p.m.

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PAPER BY GUY'S MAN

How Good a G.P. are you? Dr. E. L. Lorbay Pulse, 7th April, 1973.

GUY'S HOSPITAL GAZETTE

EDITOR T. B. BARNES

ASSISTANT EDITOR K. N. BULLOCK

SPORTS CORRESPONDENT G. MOULDING

NURSING CORRESPONDENT Miss P. M. JEFFERIES

BUSINESS MANAGER Mrs. J. PATTERSON

PHOTOGRAPHER S. J. TWIGGS

FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2214

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"HOW'S YOUR CONSTITUTION?"

by T. J. Goulder

It had been apparent for several years that the present Clubs' Union organisation was far from satisfactory. The major argument against the present system was that the Clubs' Union Council did not represent students needs. It had 27 (13 staff and 14 students) members of whom only 3 from the Students' Club were democratically elected by the student body as a whole.

The Council was able to dictate the financial and policy decisions of the "Union" and yet the Students' Club was expected to represent students both inside and outside Guy's in the many educational, welfare and student organisations of the University and Medical Dental professions.

Because of the tiered system of Councils, each answerable to the one above, it was extraordinarily difficult for a student or group of students to achieve reform, unless they happened to be on the appropriate council. The A.G.M. of the Students' Club had become merely a formality serving no purpose except to satisfy the constitution. There were no general meetings open to all students at which views could be aired and specific action demanded. The Clubs' Union had no general meetings or an A.G.M.

In many ways the problem, for those interested in initiating reform, was always the means of achieving the goal of an autonomous Student Union. There were two options open: firstly, that the Students' Club should set itself up as a separate body as distinct from a constitutent member of he Clubs' Union, and secondly, that a motion should be put forward to the Students' Club A.G.M. calling for the amalgamation of the Students' Club Council and Clubs' Union Council.

The second option was put into action even though it was realised that the change would take two years to achieve. When a motion was placed before the Students' Club A.G.M. in May, of last year, unanimous support for a Union was received. This was repeated at the Clubs' Union Council meeting that followed.

Over the past year a small staff-student committee have drawn up a new constitution, which has been approved by the Clubs' Union and Students' Club Council, but as yet awaits the approval of the Student Body and the Council of Governors. The Union will be still called "Guy's Hospital Clubs' Union" and there will be a democratically elected Council to run the day-to-day affairs.

Perhaps the most significant phrase in the new constitution is that "The General Meeting shall be the policy-making body of the Union and all decisions relating to Union policy shall be taken by the General Meeting". For the first time *any* student will be able to take an active role in how his affairs are run and will also be able to elect the council of his choice.

The basis of the constitution is that three Union General Meetings (U.G.M.) will be held every year at which general policy is outlined for the year in response to the members' wishes. A council of elected representatives from all spheres at Guy's will then put into practice the policy laid down at the U.G.M., and shall be accountable to a U.G.M.

The more specific affairs of the factions at Guy's are dealt with in "standing committees" — Finance, Athletics; Non-Athletics; Bar; Entertainments and the Book Exchange. These committees are accountable to the Union Council and U.G.M.

Clearly, there is still room for improvement in the new set-up. For example, the Students' Medical Education Committee should be an integral part of the "standing committees" — this would stimulate it and make sure the committee kept in touch with current student views. Equally, closer contact with the Dental Society would help to break down the dichotomy that inevitably results from the present set-up.

If all goes well this change will come into effect next January. The next most important stage will be the General Meeting of the Students' Club — to be held on Friday, 2nd June, at 1.00 p.m. in the Ballroom — to wind up the Students' Club in its present form at the end of the year so that the new Clubs' Union can be initiated on 1st January, 1974.

"Afore ye operate"
Remember glass shows on X-rays

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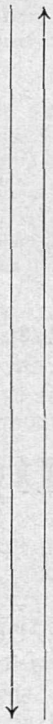
FLOW SHEET OF THE NEW UNION

UNION GENERAL MEETING

Three per year
Quorum: 100

UNION COUNCIL

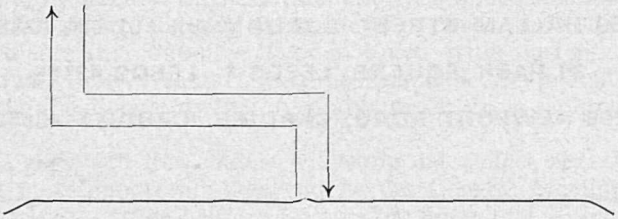


Consists of:

STAFF
- Chairman
- Vice-Chairman
- Senior Treasurer
- Senior Secretary
- Junior Staff Member

STUDENTS
- President
- Vice-President
- Junior Secretary
- Junior Treasurer
- Social Secretary
- Bar Secretary
- Ordinary Member
- Two Pre-Clinical Students
- Dental Soc. Rep.
- Med. Educ. Com. Rep.
- Sec. Athletics Committee
- Sec. Non-Athletics Committee
- Medical School Secretary

STANDING COMMITTEES



Finance Entertainments Athletics Non-Athletics
Bar Book Exchange

GUY'S DIARY

JUNE

4	M.	1.00	Clinical Lecture. Mr. SHAHEEN "Tumours of the Nasopharynx"
5	Tu.	1.00	Clinical Lecture. Mr. ELLIS "The Management of Shock"
7	Th.	1.00	Clinical Lecture. Dr. GRAHAME "Degenerative Joint Diseases".
11	M.	1.00	Clinical Lecture. Mr. MORRIS "Obstetric Activity"
12	Tu.	1.00	Clinical Lecture. Mr. KILPATRICK "The Boro' or United Hospitals (Their Union and Disunion)"
14	Th.	1.00	Clinical Lecture. Dr. GRAHAME "Less Common Arthropathies"
18	M.		Film. "When the Breeding has to stop"
19	Tu.	1.00	Clinical Lecture. Dr. VAUGHAN
21	Th.	1.00	Clinical Lecture. Dr. STAFFORD-CLARK "Art is Long, Life is Short and All are Welcome".
22	Fr.	1.00	Clinical Lecture. Professor KEEN
28	Th.	1.00	Clinical Lecture. Dr. STAFFORD-CLARK "Soldier without a Rifle".

NEWS IN BRIEF

GUY'S HOSPITAL PHYSIOTHERAPISTS AND RADIOGRAPHERS ASSOCIATION

The Annual meeting of the GHPRA was held in Shepherd's House on Friday, 11th May, and took the form of a sherry party. It was attended by about 90 members and final-year students, and during its course the President, Miss Betty Randles, drew the name of Miss T. Lewis who will be supported by the Association in her attendance at the International Society of Radiographers and Radiological Technicians World Congress in Madrid, in October, this year.

The following prizes for physiotherapists qualifying in 1972 were awarded:—

ANGOVE MEMORIAL	Mrs. Janet Broad (Née Handley)
TRETHOWAN MEMORIAL	Miss Patricia Aste
MacTIER MEMORIAL	Mrs. Sheila Bleach (Née Edwards)

A little syringe can save a lot of suffering.

As you know, a lot of patients who suffer from hypersensitivity, fear painful treatment and choose to endure their discomfort in silence.

But what they don't know, is that you can uncover hypersensitivity, with an all-round squirt from your 3 in 1 Air Syringe. And recommend simple, pain-free relief through regular brushing with Sensodyne.

Sensodyne's superiority is documented in study after study

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Sensodyne does more than block pain. Given proper brushing, it helps get rid of dangerous plaque. *In vitro* tests, conducted by independent investigators, scored Sensodyne's enamel-polishing properties three times higher than the other commercially available desensitising dentifrice (9).

So if your patients can't stand the pain of dental treatment or brushing their teeth, recommend Sensodyne toothpaste and the nylon Softex toothbrush—the complete home treatment for hypersensitivity.

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Stafford-Miller

Quality products for dental health

Dr. Stafford-Clark

Dr. Stafford-Clark is due to retire in July and is giving three "Farewell Clinical Lectures". Details can be found in Guy's Diary.

Pinta Handicap

The Pinta Handicap, held on 20th May, was won by Guy's crews in both the fastest and fancy dress sections. The handsome trophy—an antique milk churn—rivals that of the other Guy's sports clubs.

Errata

Miss Haigh's letter in the *Gazette* of 19th May, should have read "27 teaching staff", not 37.

Publication Date

The next *Gazette* will be published on June 23rd

HOSPITAL INFORMATION

DEATH

GIBB—At Cameron Hospital Geriatric Unit, Windygates on 7th May, 1973. Alec Terris Gibb. B.Sc., M.B. Ch.B., F.R.C.S. Ed. L.D.S., (Guy's) of Grange Road. Elie Fife. Husband of Constance.

CHANGES OF ADDRESS

Liz and Tony Davis, Yew Barton, 87, Aldershot Road, Church Crookham, Hants.

Mrs. Sally Ann Clegg (nee West) 11 Karen Court, Dilwyn, Herefordshire.

FLAT FOR SALE, CATERHAM. Modern 2-bedroomed maisonette on 2 floors, three-quarters mile from station. Garage. £12,750. Apply Miss Oppitz, Counting House. Ext. 665.

PERSONAL

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FOR SALE: MINISAIL MONACO Mk II. Bought August 1969 but hardly used. Complete £80. Daytime: Guy's Ext. 241. Evenings 654 1759.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **senior registrar** in anaesthetics at Guy's Hospital for the period 1st October, 1973, to 30th September, 1974, in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **22nd June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. Grade) for the period 1st October, 1973, to 30th September, 1974. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **22nd June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **senior house officer/registrar** in the *clinical pathology department* to commence as soon as possible until 30th September, 1974, in the first instance. The post provides a three-year training programme covering microbiology, clinical chemistry, *haematology and morbid anatomy and is* recognised for training for the M.R.C. (Path.). Appointment will be at S.H.O. level in the first instance with promotion to registrar. Application forms are obtainable from and should be returned to the Supeintendent, Guy's Hospital, London, SE1 9RT not later than **22nd June, 1973.**

When you nurse with the Navy you belong to more than a hospital.

Nursing in one civilian hospital can be very much like another.

But nursing in the Queen Alexandra's Royal Naval Nursing Service is something quite different.

It's more than a way of nursing. It's a way of life. And you are part of it, off duty as well as on.

It's a life that's lively, active, varied and absorbing.

You care for naval personnel, their families and many local people. You deal with medical emergencies of every kind. You work with modern equipment. And you broaden your nursing experience.

You also get a little sunshine in your life. Within a year you could be in Gibraltar. Or Mauritius. Or even the Far East.

You have the status of a naval officer too and a salary to match. You start at £1,719 a year, less deductions for board and lodgings, rising to £2,362 after six years. And there's 44 days annual paid leave. As well as generous gratuities.

You can join for four, six or eight years. Or more. And, if you wish, you can leave after two. (Not that we think you'll want to.)

For full details, write (saying when you qualified and telling us all about your nursing experience), to Matron-in-Chief, QARNNS, Dept. 26DK, Empress State Building, London, S.W.6.

Incidentally, you should be under 37 years of age with good general SRN experience.

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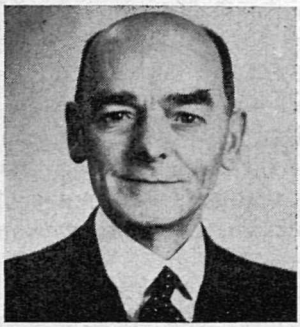
OBITUARY

Dr. Vernon E. Lloyd, M.C., M.B., B.S.



Dr. Vernon Lloyd, who was to be 82 years old this year, died last week. His spritely, alert personality must have represented one of the last of his generation of Guy's graduates and members of the hospital staff to remain amongst us. Dr. Lloyd graduated in 1915 during World War 1, and experienced an active and, from what little one has heard, an often dangerous (though at times also amusing) service in the forward areas. For this service Dr. Lloyd was decorated with the Military Cross.

Dr. Lloyd entered the Dental School in 1909 and transferred to medicine in 1910, qualifying with the Conjoint diploma in 1915. He returned to Guy's after the war and continued his studies in the graduate and then postgraduate field. He obtained the M.B., B.S. degrees in 1920 and the primary fellowship of the Royal College of Surgeons in 1923. During these years he held the posts of Assistant House Surgeon, Outpatients' Officer, and House Surgeon. From 1921 to 1924 he was chief clinical assistant to the genito-urinary and the venereal disease departments, as well as holding the post of demonstrator in anatomy.

These were the years when the venereal disease services, that had been organised for the first time to meet military service needs, were being authoritatively looked into and discussed, and were finally given a civilian shape under government aegis amongst the hospital clinics. The Guy's venereal disease outpatient clinic was started in 1917. The appointment of Dr. Lloyd in 1924 as Director

saw the change from a clinic run by an assistant and registrars to one given the form and responsibilities of a department. The complexion of Guy's venereal diseases clinic and the emergence of a department under Dr. Lloyd was briefly described in an article, contributed to by Dr. Lloyd himself, in the *Gazette* (July 1970, p. 371).

Dr. Lloyd was very popular and was held in high regard by his Guy's contemporaries. He was a warm and friendly person with a slight sense of reserve; and in the above article are mentioned some of the many colleagues who worked with Dr. Lloyd over the years in his department. They could attest to his puckish sense of fun, keen interest in his subject, and the very notable attention to his work and his patients that he always brought with him. This latter quality especially made him a good teacher and a fine colleague.

Dr. Lloyd was most active inside Guy's itself during the last war, when the area was bombed and much of the hospital evacuated to Kent. He was too, for several difficult years, the editor of the British Journal of Venereal Diseases, 1943-1950. Although clinical material had not yet declined, typescripts were often scanty and the editor had a hard time completing some of the volumes. It was due to his energy and persistence that the journal survived these years in so signal a way to remain practically the only journal of its sort in the world today.

Unfortunately, during his last working years, and until his retirement in 1956, the face of venereology began to appear uncertain, as the numbers of patients started to dwindle following the post-war years (of World War 2). It was probable that Dr. Lloyd put aside a projected textbook on gonorrhoea and urethritis at this time, a task he was then in an unrivalled position to take up. He was tactful and unassuming in manner amongst his colleagues inside the specialty and, as one of the earliest to join his specialty, came to be held in high regard by them. His contributions to the literature of the subject were always to the point.

Dr. Lloyd was a keen observer of nature, and one can remember how he took an increasing interest in botany during his latter years, bringing all his verve and precision of manner to this study. He always seemed fresh in his outlook during his retirement, which he seemed to enjoy. He was married and had a son and two daughters, none of whom followed him into medicine. To his widow and children we offer our deepest sympathy.

A.S.G.

Dr. David Erskine writes :

Vernon Lloyd died peacefully on 15th May. Qualifying at Guy's Hospital in 1915, he soon saw active service in France at the beginning of the First World War. When he came back to Guy's—and for a time with his brother, Neville—he set up the Venereal Diseases Clinic, which was financed under the 1917 V.D. Act by the London County Council, but with a curious relationship with the Hospital —no doubt to the benefit of a voluntary hospital in those days. The diseases were rife in the years after the War and his experience was great. He was an early supporting member of the recently set up Society for the Study of Venereal Diseases, and acquired a reputation for his work and knowledge so that at an early date he was made Editor of the Venereal Diseases Journal.

When I had completed my training and house jobs, and gone off to sea as a ship's surgeon, and done a year in general practice, my family were confident that State medicine was coming and I was persuaded to take my D.P.H. I was lucky to be accepted as a student of the London School of Hygiene and Tropical Medicine in 1934 (by coincidence in 1970, I was sponsored by the Seamen's Hospital Society as a Governor of that School). It was my fortune as a student to have Sir Wilson Jameson as Dean, and to be guided by him in my work and afterwards. After the academic year, Sir Wilson told me I must now take my V.D. Certificate and Lloyd accepted me at Guy's. Later with (A.E.J.) I was appointed Clinical Assistant to the V.D. Department and got to know Lloyd well, only then to find out that our respective families had been schoolday friends in South Wales!

Prontosil and sulphonamides appeared, and as a team we did a good deal of observation on this magic change in the pattern of urethritis. We were involved in argumentative correspondence in the *Lancet*, which meant that the normal two-year appointment at Guy's was extended year by year until war came. Then in the decentralisation A. E. J. was sent to Orpington and I remained in the clinic at Guy's with Lloyd and attached to him for the reception of air raid casualties in the Emergency Medical Service. His example and enthusiasm were infectious, and his friendship and interest helped us in the days of settling down to this new atmosphere. During the Phoney War from September, 1939, to May, 1940, he made us do many mock-up practices, with volunteers suitably made up to simulate the dreadful casualties we anticipated from bombing.

He was quite obviously anxious to be under gunfire: it seemed as though the First World War had left him with a desire for active service again, but all this time nothing was happening, not even an air raid siren after the first day. I was in charge also of the Canterbury Venereal Diseases Clinic and made twice weekly visits; when the Battle of Britain started in May, 1940, it was common to see dog-fights overhead, and Lloyd persuaded me to take him down with me one day. It was a lovely summer's afternoon. The sky was particularly active with dog-fights, parachutes, crashing planes and the sounds of gunfire. While I was doing the clinic he spent the time out in the grounds, gazing fascinated at the sky, watching the Battle

of Britain; so far nothing like this had come to London and it was quite obvious to me that he was delighted to be involved again in the environment of active service. On the way home we stopped for a pint at a pub on Wrotham Heath and heard that Wimbledon, his home zone, had been bombed. We couldn't get back quick enough, but all was well. It was still a few months before the Blitz started in September, 1940; and then all the practice he had forced us to follow came in useful, as hideous injuries, shocked and mortar dust patients, dirty, bleeding wounds and horrible explosion-stenched casualties were brought into reception, briefly sorted out—those needing surgery admitted to the surgical ward. Some of the students showed signs of strain, but Lloyd's indomitable spirit and example kept up morale. Even on the night when a bomb hit the top of the main central staircase and brought crashing down the whole structure, while Sister was giving us coffee in an adjoining room and I started to try and climb the bare wall—"I never knew you really were a monkey David!" he commented.

In the clinics he helped you until you settled down to the routine; then he trusted you and would retire to his office among his books, statistics, proofs and so on. He had the ears of a hawk: if he heard one of his clinical assistants trying to deal with a difficult problem, he appeared as if from nowhere. He was a short man and, like so many of them, sometimes walked on his heels. When you heard him coming along walking on his heels, you had to keep out of his way because something had gone wrong, and it was just as well to be missing until he had calmed down and accepted the situation.

When I came back from a period in Gloucester, to take over the clinic at the Seamen's Hospitals, he sent his students down to me in batches of six for six weeks, because of the extra clinic material we were still getting from overseas in those clinics. The civilian clinics ceased to have so much clinical material and this was considered of value in those days, although nowadays there are more important things to occupy the students' time.

We remained friends until his retirement. I think he taught me more of life and work than anybody else in my 21 years at Guy's. He encouraged one to research, to think and to publish. He was my teacher, my friend and my master and, as a team, both female and male departments got on well together, both in work and socially. When it was time to retire he became interested in Botany, and only on one occasion did I see him again, when he came with me collecting Dr. Kathleen Brown, who was also working in the Female section at Guy's, and Miss Mannering, the Almoner, to go out and see Miss Rawlins, who was now retired and living in the country. They just talked botany and the rest of us were really lost. I could never persuade him to come to any function, and although he lived only a few miles from one of my clinics, he would never do a locum session for me, blaming his arthritis and saying: "No, I've done enough old boy, sorry".

Like so many of us we owe a lot to him and it is sad to realise he has gone on before.

D. E.

A Century of Those Whose Business Ties with Health

W. Sheeran

Part III

1922—The Club was now building up in strength and entered twelve boxers for a tournament in aid of Hospital Charities at the Rifle Club, Bishopsgate, against the Stock Exchange and United Insurance Boxing Clubs, winning the event by seven bouts to five.

At the Inter-Hospital Championships, every entrant reached the final and the Cup came back to Guy's.

Guy's met Oxford, not in the University gymnasium that year, but in the Corn Exchange which was able to accommodate the enormous crowd. The hospital won by four bouts to three, with one or two interesting results.

A. Lewis, Lloyd Williams, H. Trafford, G. Fellows-Smith, N. Holloway and the two Thomases boxed.

J. D. Thomas' opponent was K. M. Coll who had been unbeaten when he was at Cambridge, and now having transferred was expected to remain so. Thomas, of course, was outstanding and soon bought Coll's record to a halt.

J. G. Thomas was having his first contest against his old club and celebrated it by stopping his man in the last round.

Holloway was unfortunate in that he had to meet Eddie Eagan, reigning Olympic Champion who had just come over from America with an enormous reputation. He had boxed with all the American professional heavyweights including Jack Dempsey and had challenged Battling Siki after he had been victorious over Georges Carpentier. He was the attraction of the evening.

Holloway made the mistake of mixing it with such a formidable opponent and paid the penalty very early on.

Eagan went on to win the A.B.A. Heavyweight Championship the following year and eventually became a Commissioner for the U.S. Boxing Board of Control.

The Boxing Club won the Inter-Hospitals Cup the following year and this time had three times as many points as the runners-up.

The *Gazette* Sports Editor wrote of Holloway vs. Smythe (St. George's): "Had this been the main event of the evening we would have demanded back our money. Holloway advanced to the centre of the ring, shook Smythe warmly by the hands, knocked him down and carried him to his corner. We always wondered why the scrum made such headway when Holloway was in the front row".

After seeing this show a poetic student wrote these terrible lines and sent them to the *Gazette*.

Oh! were I twice the man I am,
And were I tough as teak,
I would comport me as a lamb,
And turn the other cheek,
And, lest he tried to put me through it,
I'd always call Alf, "Mr. Hewitt".

In 1924 it seemed as if the high point of that era in sport at the hospital had been reached and that a slow slide down from the Olympian heights had begun.

It seemed as though the mantle of Victor Ludorum was passed to St. Thomas' Hospital who not only won the Inter-Hospitals Boxing Cup but also lifted the Rugby Cup as well the following year.

Alf Hewitt was a great inspiration to the boxers at Guy's. His kind-hearted humour and gentlemanly ways, coupled with keen interest in everything his "lads" did, built up a respect from young students not always renowned for such niceties.

Alf himself was under 11 stones in weight, but with a chest measurement of $52\frac{1}{2}$ inches, one of the strongest men in England.

A good boxer himself, he fought many championships but never gained a title. Possibly his greatest asset was his ability as a trainer and coach. This was recognised by the professional pundits of the day and many big names were brought to Guy's to perfect their trade under the guidance of Alf Hewitt. Boxers like Jock McAvoy, one of the best middleweights this country has ever produced, Larry Gains and Sid Smith, the first flyweight champion were among many who used the Pavy Gymnasium.

Dan Sullivan brought his playboy heavyweight Jack Doyle to Alf to see if he could make a better boxer than a singer out of this hard-punching ex-guardsman.

Boxing was only one of many talents exhibited by the Guy's coach. He was a very good oarsman and won many sculling races on the Thames. He played water polo for his country and proved his ability at wrestling by taking on the top star Hackenschmidt. Not unexpectedly he was asked to train the British Olympic Wrestling teams of that time.

Alf Hewitt lived over a coffee shop just off Great Dover Street, S.E.1, run by his wife, and it became a meeting place for the students of the hospital who would discuss their problems and receive beneficial advice and help from the well-loved Hewitts.

The Bi-centenary (1925) edition of the *Gazette* says of Alf Hewitt. "We doubt if Alf has any enemies at all and this, not because of his undoubted pugilistic prowess. A total abstainer and a non-smoker, he possesses exceptional stamina and can box continuously with a succession of students for two hours on end without any inconvenience to himself. He bears the marks of many an honourable 'Mill' but must be the kindest hearted pugilist in existence . . . "

This bears out the long-held view that the pugilist is one of the least aggressive members of society. He does not need the arrogance or meanness of lesser folk and physical prowess gives him the self-confidence required to allow others to think that they are dominant.

Matt Wells, protégé of Hewitt's, was another fine example of the kind-hearted fighter. He had the wit and repartee to convert a troublesome situation into a humorous one and so cool the air without resorting to the advantage that he held.

There are many stories about this old friend of Guy's and some of them will be related at a more relevant part of this history.

In 1925, the Bi-centenary year, an appeal was launched at Guy's for £200,000, so that the third century could start free from debt. Miss Sybil Thorndike, later to become a Dame, gave a special matinee performance of "Euripides". "The Hippolytus" at the Regent Theatre in aid of the appeal, but the performance of the Guy's Boxing Club on the stage of the National Sporting Club for the Inter-Hospitals Cup was not so well enacted. The two Thomases and N. Holloway did their best, but Guy's were beaten by St. Bartholomew's who had been under the expert coaching of the aforementioned Matt Wells since 1921.

The following year saw the end of J. D. S. Thomas as a boxer for Guy's. The championships clashed with the Rugby Cup Final in 1926 and three first strings had to withdraw because of the game against St. Thomas' the following day.

The latter hospital won both Cups and Guy's appeared to have hit the floor.

An appreciation of Thomas appeared in the *Gazette* as follows: "Finally we cannot end this report without a word — volumes — of praise and gratitude for J. D. S. Thomas, whose boxing career for the hospital is now at an end. For seven years he has boxed for the hospital without a break and has the wonderful record of never having been beaten. He hs helped to raise our standard of boxing very considerably during the time he has fought for us, and we are only too sorry did not have better support in his last fight in the U.H. Boxing Cup Competition".

One could philosophise on why eras such as that one come to schools and colleges. It does not appear to be luck or coincidence but a spirit which permeates all the sporting activities. Certain personalities seem to combine to form the magic formula which creates enthusiasm and determination even amongst the less brilliant and this breeds success. When these personalities leave, the catalyst is removed and the "good workmen" become very ordinary once more. Success attracts success, especially from the young and athletic, and this naturally creates interest from the staff and public. The pity is that this interest wanes in the unsuccessful times and the students reacts by becoming less enthusiastic and so failure breeds failure.

Fortunately every now and again somebody will turn up with the personality to start it all over again and the old timers start comparing with the "Old Days". This is good, it stimulates the young to do better which, all things being equal, they usually do. Conditions, training and techniques are always improving and so the standards of the present time are always better than those of the past. One has doubts, however, if all the great athletes of today would have been so renowned in other times without these technical improvements. Likewise the reverse is possible.

One can recognise that a boxer such as Sugar Ray Robinson would have been champion in any era, because of his combination of boxing ability with fighting power. One would, however, have extreme

doubts about Muhammad Ali (Cassius Clay) as no heavyweight trained for speed in the thirties and so his ability would not be shown.

St. Thomas' won the Inter-Hospitals Cup again in 1927, and the Club could find only one winner in a team consisting of C. Harrison, J. Weston, G. Calhaem, C. Harris, R. N. Smith and C. Malone.

Dr. W. H. Summerskill who was a member of the great boxing team of 1921, stood for parliament as Liberal Candidate for Wandsworth, Balham and Tooting.

There were in the following year many new faces in the Club and with R. N. C. Smith as Secretary, they spent a lot of time in training and reorganisation.

The team of H. Cameron, N. I. Kronenberg, L. Dale, L. Yendall, who later had a very successful career in the Navy, J. G. Timpson and R. Smith managed to draw a match with Goldsmiths' College, which was quite strong at that time.

Since the prominence of Muhammad Ali as a professional boxer there has been an accusation that the sport was a branch of show business but, as it is often found, Guy's was first in the field, for in 1929 the Club, with the aid of the Rag Committee, organised a tournament at the Old Stadium Club against a team of film stars. There was a very large attendance with vociferous support from the Hospital led by Mr. Humphrey. It was noted in the *Gazette* of the time that the Dean, Mr. T. B. Johnston, "shouted support and advice with relish."

Guy's drew in the team event of twelve contests and A. State, J. Singer, R. Johnson, J. G. Timpson, J. Kronenberg and J. S. Batchelor (who later became Orthopaedic Surgeon to the Hospital and President of the Club) all won bouts.

A.B.A. champions, amongst them H. Mitchell and F. Mallin gave exhibitions and the whole show was in aid of Guy's Hospital and the Film Artists' Guild.

The Inter-Hospital Championships at the National Sporting Club were a failure as far as Guy's were concerned and " . . . The disappointment occasioned to many keen supporters when all but two of eight entries are scratched at the last minute is likely to dampen future enthusiasm to a considerable degree and do much more damage to local prestige than any number of defeats.

The efforts of R. N. C. Smith and the new Secretary, A. State, were slowly bearing fruit however, and the new entry to the Club was large enough that year to revive the Novices' Competition which had not been held for three years because of lack of numbers.

There were fourteen entries, amongst them a young Flyweight named James Mansie, later to become Surgeon to the Hospital, a Governor and President of the Club.

His contest with J. F. Paterson provided far the most interesting spectacle of the evening " . . . The contestants seemed regardless of the punishment that they received. The referee gave the decision in favour of Paterson because of his more frequent attacks, but after due consideration and with the agreement of the competitors, it was decided that the fight should be re-staged on the night of the finals.

This decision was much applauded by the large audience present".

The contest took place a week later and it appeared to be a repeat performance which the audience appreciated with loud applause. By the second round the condition of both boxers was nearly spent, owing to the vigour of the methods employed.

The bout was awarded to Paterson again, " . . . but the fight was no less thrilling; and if these two continue to box in this way, we are safe in predicting their future as distinctly good".

In the Featherweight bout, B. L. Wong knocked out L. B. Holmes in 30 seconds with an uppercut. The *Gazette* reporter apparently needed only half a minute to come to the conclusion that "of the winner one can only say he is a boxer of real class". He was not far wrong in his assessment for Wong proved a great asset to the Club.

However, even though the overall standard was still not as high as the early twenty's at least the enthusiasm was there.

A greater effort was made in 1930 and an entry of six keen competitors to the Championships meet with somewhat limited success. B. L. Wong appeared to be winning easily in the final when he had to retire with a broken hand. J. G. Timpson had to box three times to reach the final and deserved better than the Runner-Up position. L. Yendall, by then an experienced campaigner had to give away $1\frac{1}{2}$ stone to each of the three opponents and was very unlucky not to win the final.

Even with four finalists Guy's could only come 3rd to the Champion Hospital St. Thomas'.

Guy's beat the film stars eight bouts to three at the Stadium Club on April Fools' Day wiht W. Stamm, C. Palmer, Town, G. Burrows, J. Singer, R. Johnson and L. Dale winning for the Hospital.

The Heavyweight, Stone, was boxing well when he received an "occipital punch" similar to that which floored the reigning Heavyweight champion, Phil Scott, in America the previous year. "There was general concern from all sides for this unfortunate incident and Stone won on disqualification."

The evening finished with "Mr. Dyer's Young Ladies" giving a demonstration of how the modern girl kept fit "midst the rush of her engagements. The climax of this event was reached when Mr. Dyer requested his young ladies to 'Turn over please!' ".

John H. Douglas, founder member of the A.B.A. and a referee at the first Boxing Show at Guy's Pavy Gymnasium in 1891, met a tragic end when he and his son, J. W. H. T. Douglas, the England Cricketer and Olympic Middleweight Champion, were drowned in a shipwreck. This was the same year that George Winston left the Wills Library and became Librarian at the Faculty of Science at Cairo University.

1931 was a poor year. The gymnasium had closed for re-decoration and training just did not take place.

Illness did not help, and the U.H. Championships held at the London Sports Club, Guy's only managed to scrape a third position to St. Thomas' first.

Of the entrants C. Palmer had lost so much weight owing to an attack of 'flu that he competed in the Flyweight instead of the Bantamweight division. R. A. Johnson won the Lightweight contest in spite of a bad cold. Johnson was to make his presence felt again in nine years time when during the war he was to come out of boxig retirement and represent the hospital and win.

J. Timpson won two bouts in the Middleweight division before being beaten, and Mackay and Levitt also competed.

There was a revival of the Pavy Gymnasium displays which had not been held for many years and although the boxing membership was weak there were exhibitions in fencing, gymnastics and a very popular display by the girls of the massage department on rhythmic exercises.

In 1932 the Club did not even merit a report at the A.G.M. of the Pavy Gymnasium.

The following year saw the return of George Winston as Librarian at Guy's. There was a move to resuscitate the interest in Boxing and so a fixture was arranged with an Oxford Universities 'A' team which took place at the newly-built Ice Rink at Oxford. The opposition in fact was little short of being that of the 1st strings and Guy's lost all nine contests, even though they enlisted the help of the tough J. Van der Merwe and R. O. Yerbury from the Rugby Club.

Patrick Clarkson, a future surgeon to the hospital and great supporter of the Club, was suffering from an attack of tonsilitis but carried the fight to his opponent and the decision, although it went against him, was very close indeed.

Poor Van der Merwe stood very little chance against Lord David Douglas Hamilton, who came from a family with a boxing tradition. "Shaping more like a professional than an amateur, he dropped Van der Merwe in the first minute and proceeded to destroy his opponent . . . The audience were of the opinion that he attacked his opponent with unnecessary force"!

St. Bartholomew's broke the string of wins of St. Thomas' in the Hospitals Championships and Guy's promoted themselves to second place.

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100 Years Ago

SATURDAY, 7th JUNE

"Electrolytic Treatment of Wounds" by Dr. Golding Bird.

The rationale of the process of disintegration that occurs beneath the zinc plate is far easier understood than that of healing under the silver plate. Chloride of zinc, a powerful eschorstic is formed under the zinc and by its caustic properties completely destroys the stability of the parts with which it is brought into contact.

At the silver plate sodium (converted immediately into its oxide) is formed, but what we know of the topical therapeutic action of soda fails to explain its healing virtues in these cases. Most probably the electric current generated is here the true remedial agent.

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and from the correspondence of that week

Sir,—Your correspondent, Mr. Albert Carter, brought vividly before us in his excellent article, some of the experiences through which every Extern has to pass, and he also speaks of scenes of patiently-borne suffering on which he had not time to dwell. This sentence must have recalled to the mind of every humane student who has been Extern, scenes which will be stamped upon his memory for life. Scenes of suffering bad enough to bear even amidst the greatest luxury, and without the addition of mental suffering, but how much worse when borne, as I have seen the agonies of a protracted labour—on a straw palliasse, on the floor of a damp cellar, the ceiling so low that it was easy to touch it, the windows with nearly every pane broken, and the openings stuffed up with old rags and paper, and in the room six children living, besides a drunken husband. All the family dependent on the mother's exertions for support, and she now laid up with nothing to trust to but that charity so often found amongst the poorest which leads them to help each other to the best of their power. And cases as bad as this are not few and far between in our Lying-in Charity. Every student who has been Extern must have come across such, and every one must have felt a longing to be able to do something towards alleviating such want and misery, and perhaps the kind-hearted Extern has put his hand in his pocket—empty enough through having to maintain two lodgings at that time—and given the nurse a shilling to get something for the woman, and what does she get? Probably gin. Now, Sir, I have often thought that some fund might be established to supply *matériel* to such real cases of want as occur in our Lying-in Charity. I cannot see any reason why a Student Committee should not be formed to receive money or *matériel* from any persons who might be disposed to give towards such a charity, and I feel sure that there would be many such.

A little might be made to go a long way if managed by a committee whose expenditure sheet did not contain stationery, printing, collecting cards, refreshments for members of committee, and those numerous other items which are often to be found taking a considerable share of the funds of many charitable societies.

Trusting that this letter may lead to some expression of opinion in your columns.

I am,

Yours obediently,

AN EX-EXTERN.

NURSING

The Hospital Agencies

The news that London Teaching Hospitals are to be permitted to organise their own nursing agency will come as welcome relief to many. This move follows the lead of Liverpool a short while ago, and presumably indicates that it has been successful.

The Teaching Hospitals are the greatest users of agency nurses, due to the fact that it is in these places that the worst shortage of staff nurses exists. Unfortunately, however, this does increase the problems of the ward sisters, since agency nurses are not renowned for their reliability, and the strong element of mystery associated with the arrival of these people, terminating with the discovery that they are not competent for the work required of them, which happens in some instances, does little to alleviate stress. Thus, an agency in which closer assessment of the nurses before they are employed is possible, can only prove beneficial.

It is unfortunate that some of the agencies which prove to be such a lure to newly trained nurses, are in several instances rapidly achieving for the profession, a poor image. The majority of agencies of course, are extremely good and can usually supply nurses who are capable and reliable. Others however, do not even request to see evidence of their prospective employees qualifications, and this fact was reported in the Sunday press during the course of a recent investigation into the National Health Service. The journalist found herself posted to a hospital, where, had she not admitted her identity, she would have been expected to work in the wards.

A nursing agency organised by the teaching hospitals, should then, achieve two things. Firstly it may attract back the more competent nurses who currently are proving such a loss to the wards. Secondly, it will mean that the nurses will have not only their qualifications, but also their experience assessed prior to employment. This will ensure that the hospitals are better able to staff the wards with nurses who are capable of undertaking the tasks expected of them, instead of at present being unaware of what calibre of nurse the agency will produce.

If the venture succeeds, it may prevent nurses leaving the hospitals in such large numbers, and the result can only be seen as beneficial for the patients.

What is a Nurse ?

Between the oltishness of early 'teens and the dignity of womanhood we find a delightful creature called a nurse. Nurses come in assorted sizes, weights and colours, but all have the same creed. To minister to the sick, comfort the ailing and relieve those in pain. Patients adore them and Heaven protects them. A nurse is a compo-

site; she has the dedication of Miss Nightingale, the courage of Miss Cavell and the patience of Job; the gentleness of a fawn and the energy of a lamb. She likes having tights, days off, chocolates and compliments. She likes giving injections, enemas, diabetic diets and admonishments. Nobody else is so early to start and so late to finish. Nobody else gets so much delight from yanking stitches, jabbing buttocks, tearing off dressings and inflicting suppositories. Nobody else can get into one tiny pocket a thermometer, watch, safety pins, length of cotton, clean hankie, paper clips, notebook, pen and articles torn from a patient's unread paper. A nurse is a magical creature. We can pull her leg unmercifully but we can't deny our respect for her, nor our gratitude to her. She is our captor, gaoler, boss and protector. An efficient uniformed syringe bearing bundle of charm. But when our pain is excruciating and we think were going to die she can rekindle the spark of life with a few magical words "Don't be a baby it won't hurt".

(This description was written by a docker whilst a patient at St. Olave's).

CORRESPONDENCE

"Poached" Salmon (Reply)

SIR,—I read Miss E. M. Grant's letter (5th May) with interest and, I must admit, some amusement, and perhaps a little sorrow for her gallant endeavour to create a convincing argument on the basis of such a gross lack of substance.

I must positively refute her views on two main issues. Firstly it should be realised that the function of the nurses in the posts concerned, will be primarily administrative (teaching in two instances). I can see no logical reason why the lack of a C.M.B. certificate should in any way hinder the quality of their function in this capacity.

With the implementation of the Salmon structure which entails both P.N.O.'s and C.N.O.'s having overall administrative and teaching responsibilities respectively for a group of hospitals incorporating the three main "areas" namely General Nursing, Obstetrics and Psychiatry, I wonder how many female nurses up and down the country are holding these "power posts" without one of the major statutory qualifications (excluding S.R.N.). It would appear more logical to me for those executives to the throne of nursing administration and teaching to be in possession of the appropriate administrative and teaching qualifications which are, of course, essential, and to ensure that they have nurses, at both clinical and more junior executive and teaching levels, who are appropriately qualified to practice and advise on the respective specialities.

Undeniably it would be highly desirable and enormously advantageous to holders of these executive posts to have a certificate in every speciality they govern from the remoteness of their offices and committee rooms, but it is far from being essential and seldom feasible. After all, it would be highly desirable for the Prime Minister, as top executive of the land, to be expert in, and have a practical knowledge of, every subject under his administrative control—yet it would be either the very bold or very ignorant who would venture so far as to question the wisdom of his holding his even more powerful position than nursing executives.

Secondly to suggest that those nurses hold no interest in the ailments and nursing of patients in whose category of disorder they may not hold a written certificate, is in my view, offensive to say the least and is, of course, utter nonsense. It is astoundingly difficult to comprehend the naivete of such a view.

Or do I detect a note of ulterior motivation in Miss Grant's denigration of the nurses, not so much because of her true conviction concerning their lack of appropriate qualifications but rather on her own purely subjective prejudiced views because they happen to be men.

I'm afraid that it is an inescapable fact—one that she must accept however unpalatable it may be—that the era when the nursing profession was limited exclusively to female occupation and domination is now past history and men are re-emerging (for the second time round) this time not as benevolent monks, but as highly skilled professional therapists, teachers and administrators within nursing. Currently an increasing number of well educated young men are entering nursing and occupying their rightful status and prominence in clinical, administrative and teching posts without, in my view, any real indication of the imminent likelihood of their totally monopolising the profession.

Yours faithfully,

P. J. O'BRIEN, S.R.N., R.M.N.
York Clinic.

Medical House Appointments

SIR,—I was pleased to see the article by Dr. Helliwell explaining the intricacies of the house appointment system. I hope that it will help to dispel the many myths which surround the system. A criticism I would offer is that the committee should know the preferences of the candidates as if the top two, for example, had applied for different jobs there would be no point in discussing them further whereas when candidates are competing for the same post more time could be spent differentiating between them.

It was interesting to note that in the last six months two people who have been awarded a much sought-after appointment in general medicine and who, therefore, must have been highly reputed at Guy's, have been considered by the University examiners to be unfit to even practice as their medicine was below standard. We are still asked why we bother to take Conjoint. Two of my former contemporaries who were failed in one part of final M.B. took house jobs in that subject and after nearly six months of practical experience and, I believe, quite competent performance were failed again. Even grosser disparity between practical experience and results in qualifying exams have been reported.[1]

It was not until Conjoint and M.B. finals that the inadequacies of the examination system really struck me. This is because it was the first time that I have taken an exam designed to test my ability to do anything other than just to pass that exam. For 2nd M.B. and B.Sc. the exam must be regarded as the object rather than the means of assessment. Because of the shortcomings of a written paper, with or without, a multichoice paper, more emphasis is placed on the clinical and viva sections. During the five or ten minutes of verbal interrogation it is possible to select no more than one or two aspects of the vast scope available. The belief of many examiners in their ability to obtain a more accurate picture from this than from any other form of examination has been referred to elsewhere as the "immaculate perception"[2]. Of course some sign-ups for three months firms are made on as little or less evidence.

I suppose that even if most methods of assessment, including continuous assessment, are barely more discriminative than tossing a coin at least examinations have the valuable by-product that they make the candidate do some work before them.

Yours faithfully,

PAUL HEWISH.

East Wing,
Guy's Hospital.

References:

1. De Glanville H. *British Medical Journal* 1971 iii 51
2. Simpson M. A. *Lancet* 1972 ii 185

Medicine and Apartheid

SIR,—Some of your readers may remember the *Gazette* report of an emergency meeting of the presidents and representatives of the London Medical Schools and the medical political organisations held at Guy's nearly a year ago. The aim of that meeting was to consider what supporting role British medical students could play in the courageous fight which some of the South African students were having with their government and police over the injustices of apartheid in general, and Bantu Education in particular. I pointed out, that from my own bitter experience working on the only black medical campus in South Africa, that the student suppression which the international press were focusing on at that time, went on day after day—perhaps in a more subtle yet terrifying way—on the black campus'. Such areas of police-state activity are not so readily available to the press as the cathedral steps in Capetown, and I suggested that among other things, we should consider setting up a "watchdog" group to publicise student suppression.

Copies of the minutes of that meeting were immediately sent down to all the South African student organisations—white and black, verkrampte and verligte. Cables of support were sent to N.U.S.A.S. and S.A.S.O. We wrote also to the Black Medical Students' Council, University of Natal, not only expressing our support but asking for their direction in this support. Almost exactly one year later I have received a reply to that letter—parts of which appear below.

"Thank you for your letter dated 26.6.72 It seems strange that someone should reply to a letter after almost a year. If I explain the circumstances, then you might understand. I only received your letter a few days ago. It was not handed to me but I found it in my "M.S.C. President" locker and how it came to be there neither I nor any members of my Council know. The envelope seemed to have been opened then resealed.

"It is rather late to advise you or comment . . . Nevertheless, what I have to say is that we were delighted to read about the stand you had taken and the championing of the Black man's cause.

"If I had received your letter earlier, then I could express our view on the different aspects . . . and I could also have met and discussed the issue with you when I was in London in January".

Since our meeting both the President of the white liberal student organisation N.U.S.A.S. and the black student organisation S.A.S.O. have been banned. Fourteen other top students in these organisations have received similar treatment and there is recent news that the eight black members of this group are likely to be brought to trial.

Yours faithfully,

SUE DOWLING.

Department of Child and Adolescent Psychiatry,
Guy's Hospital,
London, SE1 9RT

Charity Lunches

SIR,—The last three charity lunches have raised some £50 for the Shelter organisation and I should like to thank all who have supported us.

The next lunch will be held on Tuesday, 5th June, 12-2.00 p.m. in the North lounge of the East Wing and will be in support of War-on-Want. This group collecting and sorting of drug samples for despatch to the Third World and we have to provide money for delivering drugs as well as recruiting volunteers to help with the sorting.

Yours faithfully,

SIMON DANIELL.

East Wing,
Guy's Hospital,
London, SE1 9RT.

Half-bred

SIR,—Your remarks about obstetrics in Passim of 5th May, are as innaccurate as they are illogical. You state that when we move into the Tower the number of obstetric beds will be doubled. This is true. You also state that the obstetric wards at present are empty for at least half of each week, which is quite untrue. The provisional figures prepared by the hospital statistics department show that the bed-occupancy for the last three months, of January, February and March were 92.4 per cent, 86.5 per cent and 99.5 per cent respectively. You assume that when we move into the Tower we shall be endeavouring to fill twice the number of beds from the same population of Borough mothers as we are responsible for now. But you wonder why there are no plans for a large-scale increase in midwifery staff *for the same number of deliveries.*

Allow us to put you and your misled readers straight. In order to fill twice the number of obstetric beds, we intend greatly to increase our catchment area. We shall not be relying on any increase in fertility in the Borough. The precise boundaries of the area are being worked out by the Department of Health and Social Security who are fully aware of the anxieties we have over this problem. In order to deal with at least double the number of patients, the Nursing Staff, both trained and untrained, will be increased appropriately. By the time the Tower is opened we should have the size of obstetric department in terms of beds, patients, doctors and midwives to fill the teaching needs of the hospital Medical School.

Yours faithfully,

T. L. T. LEWIS, F.R.C.S., F.R.C.O.G.

B. N. STEVENSON
Senior Nursing Officer, Midwfery

Department of Obstetrics and Gynaecology,
Guy's Hospital Medical School,
London, S.E.1.

BOOK REVIEWS

DENTAL MATERIALS (1st Edition) H. Kimpton.

J. Farrell. 134 pp. £1.75

It is indeed unusual to find a book on such a "traditionally" boring subject so well written and easy to read. Although the book contains little that is new and is—in sections—not as detailed as some of the established text books on the subject its strength lies in the remarkably easy layout which the student will find invaluable for pre-exam revision. It is to be warmly recommended.

PARTIAL DENTURE DESIGNING (2nd Edition) H. Kimpton.

J. Farrell 169 pp. £3.00

Partial denture design is a subject which many students find difficult to grasp and others never obtain a fundamental understanding of the subject. This book which works from basic principles should help those who find the subject difficult. The arguments for and against a particular design principle are easy to follow, the excellent diagrams and concise text all contributing to make this a very "readable" book for those starting partial denture designing and perhaps even for practitioners who might benefit from a new look at the underlying principles.

SPORT

To hear the tales of woe from the sporting members of the Hospital about unprepared tennis courts and hockey pitches, no tea at cricket or crumbling walls in the squash courts, it is surprising that the students today at Guy's bother about sport at all. Nevertheless a solid, reliable nucleus of sportsmen and women keep the athletic clubs going on year after year, and a fair degree of success is achieved each season which is just sufficient to keep them going for yet another season. If one bothers to read the reports published in the *Gazette* it is impossible to disbelieve the enjoyment and satisfaction of the teams mustered together and, regardless of the result to ignore the obvious eagerness and optimism for the next game.

However, as each year passes, it becomes increasingly difficult for these active sportsmen to attract new blood in which to inject their own enthusiasm, and eventually the inadequate facilities, neglected for yet another year, turn away all but the dedicated or deranged. Long passed, it appears, is the time when sport was considered an essential interest for the University student of Medicine or Dentistry, and rather sadly an all too academic student intake has been accepted to the detriment of the sporting clubs. Unfortunately, the student body at Guy's has deteriorated into a wishy-washy disinterested group, albeit intelligent, studious and entirely adequate academically, to such an extent that the typical Guy's student is not an undergraduate but an overgrown sixth-former wed to books and timetables stagnating in a backwater of self-sacrifice to his studies. But, most of all, the School has allowed and even encouraged this decline because it was the easy way out—i.e. the least expensive—and the sports facilities have not been maintained. The students have watched it fall.

Yet, who is not moved by the appearance of Guy's in the Middlesex Sevens? Or, attracted, by the Pinta handicap? Guy's is traditional and is conventional: relatively free from student extremists, but it is up to each and every one of us to save ourselves from extinction.

SPORTS DIARY

JUNE	2	CRICKET	Kent University	2.00	Away
	3	,,	Highland Court	11.30	Away
	6	,,	M.S.S.	2.00	H.O.P.
	9	,,	Past	11.30	H.O.P.
	17	,,	Bart's.	11.30	H.O.P.
		,, Silhouettes	West Kent Countrymen	2.30	Chislehurst

ROWING

Head of the River—Gentlemen's VIII

The annual ritual of reporting on this enjoyable, if not usually exciting event, has in the past tended to lead to a certain monotony in the accounts. This year fortune smiled (as brightly as a well-known vice-president when Oxford last won the Boat Race — 1927 was it?) upon us with a culmination of events of variety and emotional content.

The crew was coxed by a dental consultant of great renown who since his appointment in 1948, has preferred the cloak of anonymity in Boat Club dealings.

But I digress. Apart from a late start occasioned by interference with our crew whilst crossing the river, the first three miles, accompanied by the usual applause and well informed comment, which we expect from our numerous well-wishers, was very true to form. At the Mile Post, however, events took control which presented us with a finish of such incredulity that permanent recording of it is indicated, nay demanded.

The first indication of a problem was the loss of all steering owing to a failure of the granny knot holding together the rudder lines of "Jug and Vomit". The boat crossed the river at a right angle and embedded itself in Fulham Flats (Boat Club??????!!!!!will recall a similar event in the 1967 Bumps).

At this stage a lesser crew might have abandoned the race but a decision to continue without steering was taken—encouraged by the speed of tide which had drifted the crew to within a few hundred yards of the finish.

At this point an event unparalleled in Boat Club history, a veritable *pons asinorum* of a rowing career took place. Cox refused the indignity of finishing rudderless and leaving his seat proceeded to crawl along the stern canvas to retrieve the lines! How can one adequately describe such a scene—the roar of the crowds, encouragement from a breathless crew, the unbelievable tension in the air. But fate is cruel, at this pinnacle of his career, cox was denied his rightful glory—he fell in. The excitement grew to fever pitch as he went under for the third time. All was not lost since stroke gallantly leapt to the rescue, ignoring all danger to himself.

With the crew restored, the race was finished and honour seemed satisfied, our record of finishing compete.

A bitter pill was to follow some days later—the official results gave the Guy's Gentlemen's VIII as non-finishers! In spite of all the efforts and heartbreaks a mindless computer condemned us to ignominy. We can do nothing but place the true account of that strange day's dealings on record and hope that history will judge us fairly. (I shall not be contributing my annual bent penny to the A.R.A. sinking fund this year).

Crew: Cox, W. Guy; 8, J. Strapp; 7, Eskimo Nel; 6, The Mayor of Bayswater; 5, Wig Daughter; 4, Iva Scavinsky Scauar; 3, H. Wilson; 2, E. Heath; 1, H. Gascoigne Peabody.

FOOTBALL

6-a-Side Football Tournament

The Soccer club is running another 6-a-side tournament in the last two weeks of this term, due to great demand generated by the successful competition last year.

Entries are invited from squads of not more than 10 players for this exciting event, and these should be given (or left in pigeonholes) to Steve Evans and Phil Hunt (2nd M.B. Students) or to Geoff Trotter (1st year Clinical Student). The entry fee is 10p per player, and the victors will receive a delightful trophy (?) presently held by a team from the rugby club; along with personal medals.

The tournament will be held on the verdant pastures of H.O.P. and we hope for an absolute flurry of entries in order to make it as successful as last year. Please get your teams together as soon as possible.

STEVE EVANS P.R.O.

CRICKET

Sat. 12 May Carnegie 47; Guy's 50 for 4: Won by 6 wkts.

Sun. 13 May Guy's 118; Ashtead 119 for 4: Lost by 6 wkts.

When the inclement weather of the past few weeks had finally abaited, Guy's made a good start to the season with a convincing six wicket victory over Carnegie. An outstanding spell of opening bowling by Aubun Davies (5 for 22), ably supported by David Mills (3-24), destroyed the Carnegie batting, which is no doubt used to harder wickets. Guy's predictably, made a shaky start, but when the cool John Wright was joined by the flambouyant John Rees the end result was never in doubt, and together this pair saw us home.

In the "beer-match" which inevitably followed, the Caribean XI proved to be much sterner opposition, but the hidden talents of John Harker and Rick Fitton with the ball and Chris McLaughlin and Philip Kay with the bat again produced a result in our favour.

Flushed with our double success we journeyed to Ashtead on the Sunday. Unfortunately, the skipper again lost the toss, which resulted in our being put into bat. This proved to be a disaster as one by one, with the notable exception of John Wright whose magnificent score of 64 added an air of respectability to our miserly total, we succumbed to the wiles of a bowler even slower than the secretary himself. After a heavy tea which proved yet another burden on those weary limbs which had trudged 30 miles the day before, Guy's took to the field ready to unleash their devastating opening pair. However, Ashtead started more briskly than expected, scoring 49 runs in the first six overs, without loss. The fiery Davies and Wright then made way for the more subtle approach of Kay and Jones who managed to stem the flow but could not avert defeat. Kay finished with a creditable 3—26.

P. K.

Teams:

Sat.: R. Fitton, J. Rooke, J. Wright, C. McLaughlan, R. Rajarayan, J. Rees (capt.), P. Kay, J. Harker, D. Mills, A. Davies, R. Jones.
Sun.: S. West, J. Wright, R. Fitton, A. Kingon, J. Rees (Capt.) J. Rooke, J. Fewster, P. Kay, R. Jones, A. Smith, A. Davies.

LADIES' TENNIS—INTER-HOSPITALS' CUP

Charterhouse Square 16th May, 1973.

Guy's who did not play in the Inter-Hospitals' Cup last season were unlucky to be drawn in the first round against the champions of two years standing, Barts. In terrible conditions of blustery wind combined with erratic courts Guy's lost by eight matches to one, bowing to superior match experience.

The first couple, Ann Rothman and Pat White, rather unsettled, lost to Bart's first, won against the second and narrowly lost a close match against their third couple. Louise Broughton and Margaret Long, looking very promising, played second couple. They were unfortunate in losing to Bart's first, having won the first three games, and fought close matches against both other couples. Guy's third couple of Margaret Croysdill and Jill Harrison played nobly having many enjoyable games, although losing.

We wish Bart's every success in future rounds, their team being very keen to retain the cup for the third time.

Guy's have Ladies Matches planned for every Wednesday this season plus several mixed matches and the team should not be discouraged by this defeat being unlikely to meet such strength again this season. New players are very welcome and should contact Ann Rothman or Pat White via the East Wing.

A. R.
P. W.

MOUNTAINEERING

The next meeting of the Mountaineering Club will be held on August, 17th—26th in Skye. Any past or present members of the club who would like to come should contact either Roger Burns or Tony Nicholls.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Junior Medical Registrar** (SHO grade) at St. Olave's Hospital from 14th to 29th July, 1973. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **29th June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Surgical Registrar** at St. Olave's Hospital from 21st July to 5th August, 1973. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **29th June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Surgical Registrar** at St. Olave's Hospital from 11th to 25th August, 1973. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **29th June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Junior Medical Registrar** (SHO grade) at New Cross Hospital from 18th to 29th June, 1973. Detailed applications, together with the names of two referees, should reach the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited from registered Dental Practitioners for the appointment of **Registrar/Demonstrator** in the Department of Oral Surgery with attendance at two or four sessions a week, commencing on the 1st October, 1973, for a period of one year in the first instance. The post will be subject to the terms and conditions of service of Hospital, Medical and Dental staff in the National Health Service. Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th July, 1973.**

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the post of **Registrar** (Middle Grade) for one year commencing as soon as possible. The Unit, which is housed in the Maudsley Hospital, serves Guy's, King's College and Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made by **9th June, 1973,** to the House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Rheumatology under the exchange scheme between Guy's Hospital, and the South-East Metropolitan Regional Hospital Board with duties to commence on 1st August, until 30th April, 1976. The appointment will commence at Guy's, and the period in the Region will be spent in the Brighton and Lewes Group Duties will include the care of inpatients and outpatients, and teaching at both undergraduate and postgraduate levels. The successful applicant will have the opportunity to take part in a research programme, and laboratory facilities are available. The appointment will be made jointly by the bodies concerned. Application forms are available from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th June, 1973.**

GUY'S HOSPITAL

DENTAL HOUSE APPOINTMENTS

1st August 1973

Applications are invited for the following Dental house appointments for the six months period commencing 1st August 1973:—

Resident and general duties Dental House Surgeon to Mr. Mansie.

Resident and general duties Dental House Surgeon to Mr. MacDonald.

General duties Dental House Surgeon with Oral Surgery.

General duties Dental House Surgeon with Oral Medicine and Pathology.

General duties Dental House Surgeon to Mr. Bret Day.

General duties Dental House Surgeon to Mr. Gibb.

General duties Dental House Surgeon to Mr. Gibb.

General duties Dental House Surgeon to Mr. Thompson's successor.

Dental House Surgeon Children's Dental Department.

Dental House Surgeon Children's Dental Department.

Dental House Surgeon Prosthetics Department.

Dental House Surgeon Periodontology and Dental Casualty Department.

Application forms are obtainable from and should be returned to the Medical Staffing Officer, Counting House, Guy's Hospital, London, SE1 9RT, not later than **1st June, 1973.**

BIRTHS

DAVIS—To Liz and Tony Davis, on 8th March, 1973, a son, Quentin Edward, a brother for Rebecca.

HOUSE—To Sue and Alan House, L.D.S., R.C.S., Eng., a son (Dominic Spencer).

Born to Len Len and Man Fai Shiu, Kin Yee, a daughter, on 28th April, 17, Lyme Farm Road, S.E.12.

TONG—To David and Beryl Tong, a daughter, Nicola Claire, on 3rd May, at the Military Maternity Hospital, Woolwich —a sister for Suzanne, Richard and Alison.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2215

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Summer is with us once again (in case you hadn't noticed) and the great British public are beginning to change from their complaints about how cold and wet it is to moans about how hot and sticky it has become. Meanwhile, the British medical student takes a somewhat different view of summer. For him, sunshine is synonymous with the plague of all students—exams. Everybody who has to take an exam complains about it, and what worse time could there be in the year for studying than when the sun is blazing down outside? However, although we all ask ourselves if exams are really worthwhile, those who are out to abolish them have yet to come up with an effective alternative.

A recent correspondent in the *Gazette* complained that some of his colleagues have failed final examinations even after doing a six months' pre-registration post—this he found particularly ridiculous. Yet there must be some way of standardising medical and dental care in this country, and the obvious answer is examination—the same test for everybody concerned. One proposed alternative is a continuous assessment, but it is impossible to see how any two hospitals can correlate with one another in this respect. Any student will tell you that he can get a good assessment not by knowing all the answers, but simply by wearing a smart suit, smiling at the chief's witticisms and looking interested. Such a system would be ridiculous in clinical medicine.

Medicine is a practical subject, and since students get very little practical experience before qualifying, they must be assessed by

examination before they can go on to practise, when a form of continuous assessment (for future references) would become valid. However, although examination is necessary in finals, the form of examination leaves a lot to be desired. Graduates from London are required to take exams continuously for about nine months whilst still continuing their studies, thus having to assimilate new facts whilst trying to consolidate the old ones. In this respect, psychological interference plays a large part. Surely the course of finals could be shortened to make the burden easier on the student. The introduction of multiple choice questionnaires has probably made this burden even more difficult and these tests defeat themselves in that the answers are on the paper, so half-remembered facts can be recalled—facts which would not have been recalled during the writing of an essay answer. The ambiguity of many questions and an irrational marking method make a mockery of any test of knowledge—MCQ exams need years of research to come up with valid questions and good working procedures; perhaps we are still in the embryonic stages and things will get better.

Although a sound background of theory is required, the practical exam is the most important part of the whole process. It is also the part that occupies least time and, consequently, enables very little questioning to be done and even less information to be put over. The practical exam should be far longer and examiners should be more aware of asking questions than concentrating on their pet foibles of whether the candidate washed his hair and scrubbed his finger nails the night before. Only when we can standardise an assessment of practical knowledge rather than appearance and impression, do we have a valid system of measurement.

One strange fact concerning the whole topic is that the people who complain most about examination formats are those who seem to do well in them. The poor unfortunates who always hold the rest of the list up are presumably too busy making up lost ground and so have no time to feel embittered. This paradox really sums up the whole attitude of students to exams—the bright ones pass them and are unsatisfied, the less bright scrape through and have no time to moan. At the present moment there is no efficient alternative and there will not be one until we have a tried and proven system of multiple choice questionnaires. Then, examinations will be easier to study for, easier to do, will test more knowledge in the same time and, for once, will test the candidate's ability in the subject, not his aptitude for writing elegant prose at breakneck speed. Improved practical exams will consist of quick-fire questions, testing a wide field of subjects and a sense of general understanding, rather than quantifying the relationship between examiners and candidate.

GUY'S DIARY

JUNE

22 Fr 1.00 Clinical Lecture. Prof. KEEN
"The Comas of Diabetes"

26 Tu 1.00 Clinical Lecture. Dr. SOWTON
"Diagnosis and Investigation of Medical and Surgical Treatment of Coronary Artery Disease"

28 Th 1.00 Clinical Lecture. Dr. STAFFORD-CLARKE
"Soldier Without a Rifle"

29 Fr 1.00 Clinical Lecture. Mr. LAWRIE

JULY

2 M 1.00 Clinical Lecture. Mr. LAURENCE
"Management of the Multiply Injured"

3 Tu 1.00 Clinical Lecture. Mr. BEARD

6 Fr 1.00 Clinical Lecture. Prof. TROUNCE
"Chemotherapy of Cancer"

NEWS IN BRIEF

Errata

We apologise for prematurely retiring Dr. Stafford-Clarke and would draw our readers' attention to his farewell clinical lecture on 28th June, 1973.

Out-Patient Services

The time table for Out-Patient Services has been reprinted and revised. Copies can be obtained from the Hospital Secretary.

BRITISH MEDICAL STUDENTS' ASSOCIATION

A REPORT OF 1973 A.G.M.

Medical students representing 32 medical schools met in Cardiff in April. Tim Goulder and Anne Hemingway represented Guy's.

Major discussions centred around education, grants and students in the Health Service.

The most important concept to come out of the B.M.S.A. conference was the idea of health students working together. It was felt that the time has come to eradicate the professional names which continue to have a divisive effect on patient care and obstruct the team approach to health care delivery. The conference gave full support to the newly formed National Association of Health Students, which is currently establishing local branches of health students in places of work throughout the country.

The conference condemned the government's White Paper on Private Practice. B.M.S.A. rejected its main conclusion that private practice benefits the N.H.S. Medical students affirmed last year that a fully comprehensive health service should be provided free at the time of use. This year the delegates went further and agreed that because of its detrimental effects on patient care in the N.H.S. and the resultant two-class health service provided, that private practice should be outlawed.

Education has become a major field of work in B.M.S.A. this year, stimulated by a national conference attended by 150 students in Nottingham. A nationwide project developed from this meeting. Groups of students now meet regularly in over half the medical schools in Britain, together with interested members of staff, to design and introduce new methods of medical education. The overall aim of these methods is to educate members of a health team sensitive to the needs of the community and able to meet them in active co-operation with other health service personnel.

Education was given top priority at the A.G.M. and it was decided to hold a second conference in the late autumn on the role of the doctor in meeting the real health needs of the people.

B.M.S.A. decided to run a major grants compaign for increasing medical students' grants and abolishing the anomalies whereby a student who works longer than 30 weeks a year does not get a proportionate increase in his grant. This campaign will be closely associated with those of other national student organisations—namely N.U.S.

At the end of the conference the newly elected President of B.M.S.A., David Wood, commented, "This conference has reflected the growing political awareness of medical students, and has shown a clear departure from their previous elitist position in the student movement—and the health service".

The above report is an extract from the official B.M.S.A. press release on the conference.

Every medical student is a member of B.M.S.A. and what the organisation does for you is dependent on the interest you take in the association. Your comments on the subjects discussed at the conference would be valuable; either write to the *Gazette* or contact me either via the internal mail East Wing or personally.

Anne P. Hemingway,
B.M.S.A. Representative.

OBITUARY

Miss Doris Chrimes

It was with a feeling of great sorrow and yet one of thankfulness that I read of the sudden peaceful passing of Miss Doris Chrimes.

How fortunate that she was able to attend the Annual Reunion of the Guy's Hospital Nurses' League in May and enjoy the renewal of friendships over the years and the subsequent gossip.

Having known her for the past forty years I know what a courageous woman she was—and what a character.

On completion of her training in June, 1935, followed by two years as a Staff Nurse, Miss Chrimes left Guy's to gain experience in the field of Private Nursing but returned as a Ward Sister to serve Guy's in 1939 during the war years at Farnborough, Pembury and Sevenoaks. In 1949 she returned to Guy's for further varied experience until her appointment as Sister in Charge of the Out-patient Department in 1957 until her retirement in 1966.

Beloved and respected and, yes—at times feared—by all members of the medical and nursing staff and patients, Miss Chrimes spent her life in devoted service to Guy's and the maintenance of its highest standards.

As her life had been centred around Guy's for so many years she decided to retire to Kennington Park which enabled her to keep in close touch with her many friends and where she was able to take an active part in the life and work of her Church of St. Agnes and its community, many of whom she had known as patients at one time or another.

May her soul rest in peace, and may her example and spirit continue to inspire those with whom she worked and who serve the sick wherever they may be.

WHAT ARE DOCTOR

As a naval doctor, you'll normally serve for five years on a Short Career Commission, some of the time at sea and some on land.

Naturally, you'll travel.

And you'll also be a naval officer.

AT SEA.

You can expect to get to sea as a Surgeon Lieutenant within six months after registration. Probably, you'll be the only doctor in your ship. In a frigate, for example, you'll have some 300 men to take care of. And you'll be responsible for all their medical needs, from a cold in the nose to tropical illnesses.

To help you, there will be a qualified staff on board. And your medical quarters will be small but modern and well equipped. (In some cases, including an operating theatre.)

Your practice, however, won't be confined to your ship. If there's a natural disaster anywhere within a thousand miles, you could get involved in relief work. If there's an accident at sea, you could be taken to it by helicopter.

Often, you'll have to rely entirely on your own resources. So the work can be difficult. But it will certainly be varied.

ON LAND.

Usually, you'll spend more than half your time with us on land. Either at home or overseas – in Europe, the Mediterranean and even as far afield as Mauritius or Hong Kong.

You'll be doctor not only to the naval personnel, but when abroad to their families as well. General practice, in fact, with the advantages of naval pay and a ready made naval social life.

If you're sent abroad, and you have a family of your own, you can take them with you at our expense. We'll help with accommodation (at very reasonable rents), and we can give you educational allowances for your children.

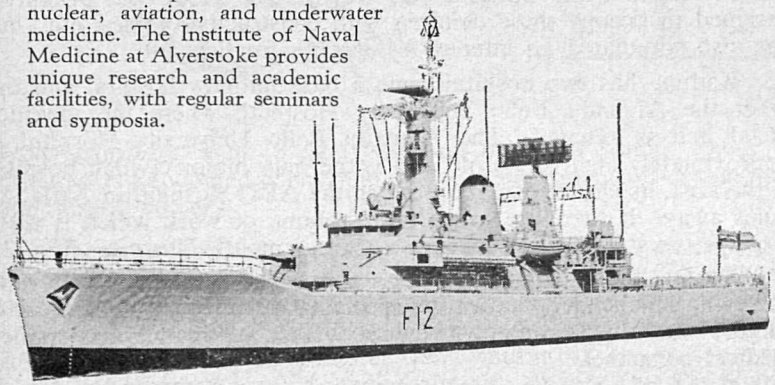
DOING IN THE NAVY?

SPECIALISATION.

When your 5 years with us are up, you can leave with a tax-free gratuity of around £1,200. Or you can stay with us, either for a full career or for a 16-year pensionable commission. You would then have the opportunity to specialise and to do post-graduate studies on paid leave.

At Haslar, near Portsmouth, we have one of the best equipped teaching hospitals in the country, with departments in many of the major specialisations, each headed by a naval consultant.

Or you might, for example, be interested in carrying out research into such specialised fields as nuclear, aviation, and underwater medicine. The Institute of Naval Medicine at Alverstoke provides unique research and academic facilities, with regular seminars and symposia.



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After you've passed your second MB or its equivalent, you can be awarded a Naval Medical Cadetship. Which means that we'll pay you £1,898 a year and most of your expenses while you qualify.

When you qualify, you can spend your pre-registration year either in your hospital or one of ours.

After that, we'll promote you to Surgeon-Lieutenant, you start your 5 year commission, and your pay goes up to £3,942 a year.

As you can see, you'll have a great deal of interesting work to do.

We'll also give you a chance to look over our ships and hospitals before you apply.

And you can, if you like, go on a two day visit to find out something more about the Navy.

For details, write to:

Surgeon-Commander L. C. Banks, M.B., B.Ch., R.N., (26AC), Department of the Medical Director-General (Navy), Empress State Building, London S.W.6.

RN
ROYAL NAVY

ORAL AND MAXILLO-FACIAL SURGERY IN KADUNA, NIGERIA

J. D. JAMES, B.D.S., M.B., B.S., F.D.S., R.C.S.

Kaduna is the capital city of the North Central State of Nigeria; the former has a population of two hundred thousand and the latter approximately six million. Since Kaduna has the only maxillo-facial surgery unit in the whole of Nigeria, Lagos and Ibadan only having small oral surgery departments, the cachment area of the maxillo-facial unit at Kaduna comprises the whole of Nigeria itself, with a population of sixty million. It is commonplace, therefore, to have patients in the unit who have travelled from places as far away as Maiduguri, some 600 miles to the North, and Lagos, some 600 miles to the South. (Fig. 1). Many of the people who travel to Kaduna for treatment are accompanied by their families and during the patient's stay at the unit, sleeping accommodation is provided for the whole family at a hostel. There is also a play-group, supervised by local ladies in Kaduna, where both child patients and patients' children can attend. The group was primarily designed to occupy these children with constructive games, etc., but has also stimulated an interest in learning English.

Kaduna has two hospitals, one a base military hospital and the other the Ahmadu Bello University Hospital, where the maxillo-facial unit is situated. The Ahmadu Bello University Hospital is approximately eight years old and is the only major civilian hospital in the area, its closest neighbour being the ABU Hospital in Zaria, 50 miles away. It therefore has a total volume of work which is truly large as the statistical returns for a typical month illustrate. (Fig. 2).

During the 1950's and 1960's when the African states were achieving independent status, the speciality of oral and maxillo-facial surgery was almost unknown, owing to lack of finance and trained medical personnel.

For many reasons, amongst which superstition, ignorance, malnutrition, climate and race are but a few, the amount and variety of conditions and diseases of the mouth, face and jaws are numerous. In addition, owing to increased industrialization and an ever-expanding transport network, often involving travel in poorly maintained vehicles over extremely badly-surfaced roads, facial trauma is rapidly increasing. It is still unfortunately only too commonplace to find a road traffic accident occurring where over 50 people are involved—only a small minority die but the majority survive, many suffering severe facial and other injuries.

In 1966 the Nigerian Government decided to establish a maxillo-facial unit of approximately 30 beds at the Kaduna General Hospital, now known as the Ahmadu Bello University Hospital, Kaduna, and Rouben Shamia became its director.

Rouben Shamia qualified in dental surgery at King's and after post-graduate work at both King's and Queen Victoria Hospital,

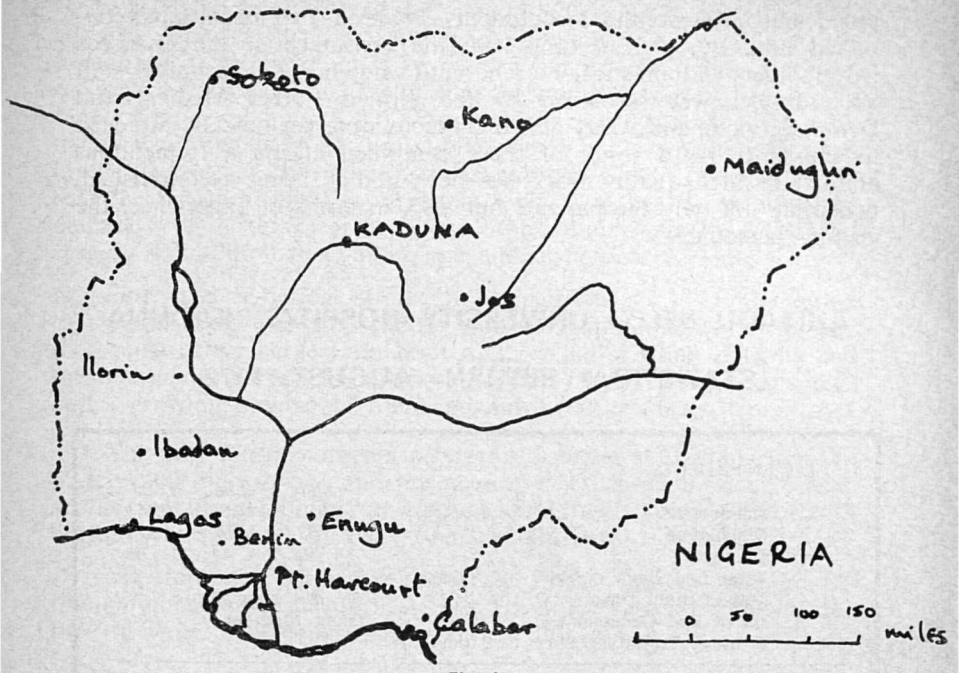

Fig. 1

East Grinstead, went to the University of Pennsylvania, where for three years he worked concurrently in the departments of oral surgery and plastic surgery.

The unit continued to deal with the type of cases already mentioned until the outbreak of civil war in July, 1967. Even during the initial months of the war, it became apparent that the unit could not possibly handle the influx of wounded soldiers from the war front—at one time 150 patients were waiting at Lagos for transferral to Kaduna for maxillo-facial surgery. At that time Dr. Shamia was the only maxillo-facial surgeon who, together with Dr. George Otigba, the army dental surgeon, attempted to cope with this greatly increased demand. The Federal Military Government of Nigeria, being aware of the difficulties encountered, and through the recommendation of Dr. Shamia, sought the urgent professional help of the British Government, who asked Sir Terence Ward to go to Nigeria and advise. This was in September, 1968.

As a result of these negotiations, the unit was enlarged to a capacity of 70 beds and an initial emergency team of seven people from the R.A.F., headed by Mr. Michael Awty from the Queen Victoria Hospital, East Grinstead, was flown out from England in January, 1969, to work with the existing staff in Kaduna. After three months, this team was followed at six-monthly intervals by a senior registrar oral surgeon from East Grinstead. In addition, one senior registrar anaesthetist was recruited exclusively for the maxillo-

facial unit on 6 months' secondment. These arrangements have continued until the present time with the assistance of the Overseas Development Administration. The entire nursing and technical staff and supplies were provided by the Armed Forces Medical and Dental Services, and Army dental surgeons were periodically attached to the unit. As a result of these combined efforts a tremendous amount of high quality work has been and is being accomplished, benefiting not only the patients but also, in terms of experience, the visiting personnel.

AHMADU BELLO UNIVERSITY HOSPITAL, KADUNA

STATISTICAL RETURN—AUGUST, 1972

(A) IN-PATIENTS

	Male	Female	Total
Admissions	650	1,361	2,011
Discharges	563	1,354	1,917
Deaths	58	41	99
Total Bed Days	16,368		
Total Patient Days	17,377	*All the specialities*	
% of Bed Occupancy	106%	*taken together*	
Average length of stay	9 days		

(B) GENERAL OUT-PATIENT DEPT.

	Male	Female	Total
General Out-patient Attendances	10,189	8,670	18,859
Casualty Attendances (accidents and other emergencies			654
Medical Exams	177	37	214
Maxillo-Facial Unit	200	100	300

(C) OPERATIONS

Grand Total		1,272
Major Operations	307	
Minor Operations	637	
Obstetrics & Gynaecology	218	
Ophthalmology	60	
Maxillo-Facial Unit	50	

(D) MATERNITY BABIES

Live Births	674
Still Births	23
Premature Babies	82
Born Before Arrival	28
Neo-Natal Deaths	20

Upon Sir Terence's latest recommendations in July, 1972, the unit was made an integral part of the ABU Institute of Health and since that time the running costs have been shared by the ABU and the Armed Forces Medical Services. The unit is recognised as a post-graduate centre for the training of oral and maxillo-facial surgeons.

The daily time-table at the maxillo-facial unit commences with a ward round at 8 a.m. until approximately 9.30 a.m., and the remainder of the morning is devoted to out-patients. The afternoon sessions, commencing at 2 p.m., are operating sessions, the average case lasting 2 - 3 hours. All wisdom teeth and cysts are dealt with under local analgesia at the mobile dental clinic which is situated in the vicinity of the maxillo-facial unit. It should be emphasised that the whole hospital is served by only two theatres meeting the demands of general, orthopaedic, ophthalmic and maxillo-facial surgery in addition to gynaecology and obstetrics.

Since the cessation of hostilities in January, 1970, the influx of civilian cases increased rapidly and the pattern of work changed to reconstructive surgery on both military and civilian patients and the treatment of tumours, ankylosis, osteomyelitis, cancrum oris, etc., and a growing number of road and industrial accidents.

The only plastic surgeon in Nigeria is based at Ibadan, approximately 400 miles away, and the nearest ENT surgeon is there also, so the maxillo-facial unit at Kaduna deals with some of the work normally carried out by these two specialities.

The following cases are presented not to impress the reader, though undeniably they do so, but are truly representative of the type of work now being carried out at the unit—

Approximately a dozen cases of ameloblastoma are seen every year at the unit. Fig. 3 shows the pre-operative condition, and Fig. 4 illustrates the typical radiographic findings. Most of these cases, initially at any rate, are treated by simple curettage, but this case was too advanced and a wide excision of the tumour was undertaken (Fig. 5). Since the resection involved more than half the mandible, the resulting deformity would have been quite severe and so it was decided to replace the bone by a pre-formed titanium implant. Figs. 6 and 7 show the post-operative result.

Fig. 3

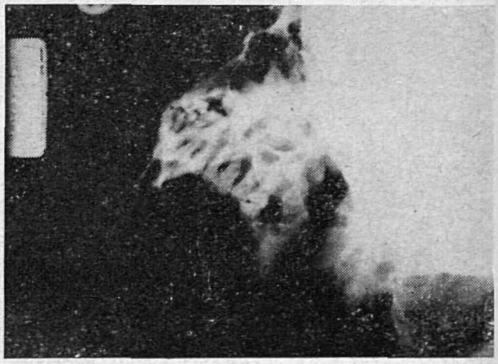

Fig. 4

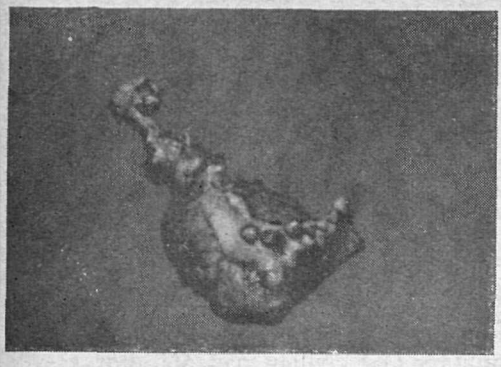

Fig. 5

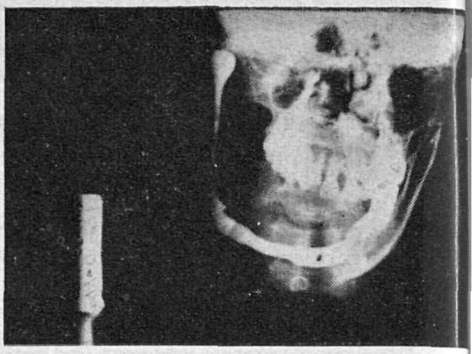

Fig. 6

Fig. 7

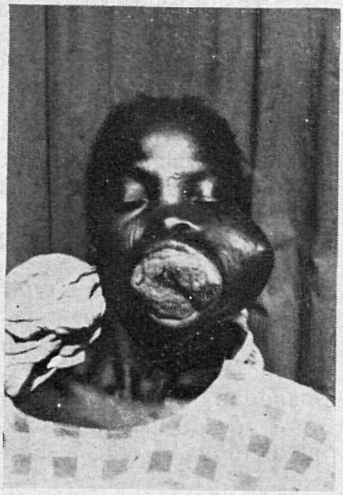

Fig. 8

Fig. 9

Fibro-osseous lesions of the skull are relatively common—eight cases have been treated in the past five months—and many are gross as Figs. 8 and 9 illustrate. This tumour was present for some 10 years and gradually increasing in size. It filled the patient's whole mouth so that speech was impossible. This mass, including the left maxilla were removed via an external approach, most of the palatal mucosa being preserved, so that the resulting defect was surprisingly small. It was decided not to fit an obturator post-operatively. Fig. 10 shows the patient approximately four months after operation.

One of the major problems in the unit is ankylosis of the temporo-mandibular joint. The ankylosis may be partial or complete, osseous or fibrous, extra-articular or intra-articular, or a combination of two or more. The following two patients illustrate different varieties of the condition necessitating two different operative procedures. The young girl shown in Fig. 11 had had chronic mastoiditis with middle ear infection which had extended into the left temporo-mandibular joint and ramus of the mandible, resulting in osteomyelitis and later, extra and intra-articular bony ankylosis.

Fig. 10

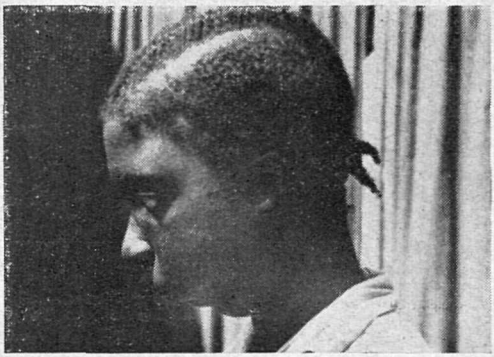

Fig. 11

No movement of the jaw was possible. Another result was mandibular retrognathism. In this type of condition the aim of the treatment is primarily to restore function and then to consider physical appearance. Via a sub-mandibular incision approximately one centimetre of the vertical ramus, inferior to the bony ankylosis, was removed. To prevent subsequent union of the fracture site silastic was interposed between the bony surfaces and in addition the masseter muscle laterally was sutured to the medial pteygoid medially. Post-operatively the mouth is opened gradually using a screw

appliance. Fig. 12 shows the patient two months later with an unaided interincisal opening of about 3.5 cms.

The next patient, a child (Fig. 13), had fallen on the point of his chin some five years previously damaging the (R) temporo-mandibular joint. On arrival at the unit there was complete ankylosis of the (R) joint and radiographs showed it to be bony and intra-articular. Therefore, the treatment here was a condylectomy. The next picture (Fig. 14) shows the operative scar and the typical mandibular retrognathism. One month later, following exercises with the screw appliance (Fig. 15) he could achieve an unaided interincisal opening of some 3.5 cms. (Fig. 16). Later, when skeletal growth has ended, the two above patients may have bone grafts to aid aesthetics.

Fig. 12

Fig. 13

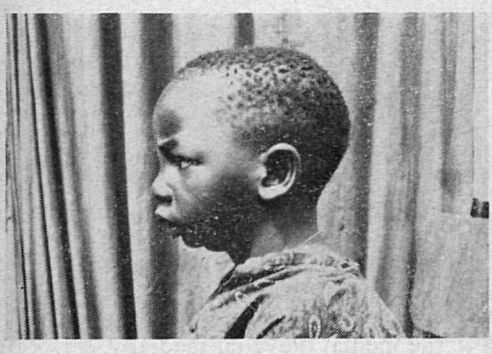

Fig. 14

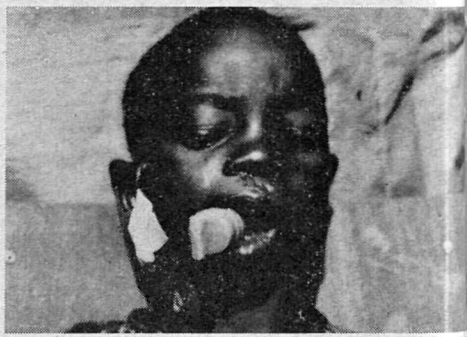

Fig. 15

Keloid formation is very common in the Negro and Fig. 14 shows a gross example—the result of trauma sustained about two years previously. The base of this mass covered an area nearly as extensive as its surface, but it was still possible to excise this and undermine the skin so as to approximate the wound without tension. The result is shown in Fig. 18.

Fig. 16

Fig. 17

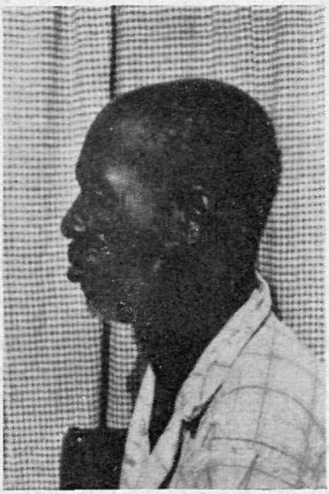

Fig. 18

Cleft lip and palate are as common in Nigeria as elsewhere in Europe and North America, but because of distances involved, ignorance and non-availability of skilled personnel, these patients often reach adult life before they seek help. Fig 19 illustrates such a case. There was no palatal cleft. The procedure of choice in the unit is Randall's and Fig. 20 shows the post-operative result.

Fig. 19

Fig. 20

As in other units, departments, or hospitals, it is sometimes painfully obvious that no treatment can be offered to patients or, treatment having been completed, has not proved successful. The young girl shown in Fig. 21 had a malignant lymphoma of the left nostril and maxillary antrum. As surgery was not considered since it would have been grossly mutilating, and with no guarantee of success, intra-osseous cyclophosphamide (the only anti-mitotic drug available at the hospital) was used—with no result. No radiotherapy treatment for such patients exists in Nigeria, and so the patient was discharged to die at home.

Fig. 22 shows an orbital tumour invading the base of the skull, unresponsive to cyclophosphamide. The patient was similarly discharged.

Fig. 21

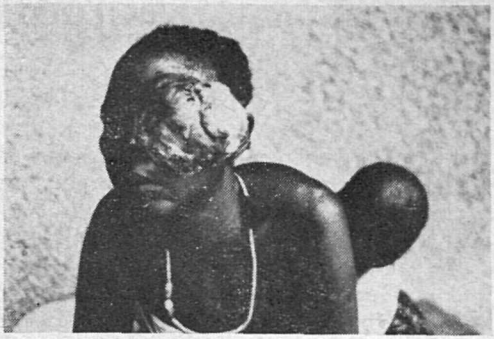

Fig. 22

Acknowledgements

My most sincere thanks are due to Dr. Rouben Shamia for his teaching and unfailing courtesy and for permission to publish the reports of the patients under his care. I would also like to thank him and Colonel D. K. Sho Silva, Chief Dental Officer, Nigerian Armed Forces Medical Services, for permission to use the information contained in their paper "Social Security Medicine in Relation to Oral Surgery in Africa", presented at the meeting of the International Association of Oral Surgeons held in Amsterdam in May, 1971.

NURSING

The Shortened Courses

The statement in the Briggs report, that, should its implementation be agreed, a very much larger number of tutors will be required, has caused great deliberation as to how this can be fulfilled. It would require that the numbers be doubled, and this of course would not be simple to achieve in a short time.

One of the suggestions proposed in order to facilitate the increase in teaching staff, has been that of reducing the length of the appropriate courses by half, thus meaning that those with suitable qualifications would complete that for tutors in one year, and that for clinical teachers in three months.

This system would undoubtedly assist in boosting the total numbers, but it does rather lead one to ponder on just what is the purpose of a course, and whether anything will be lost by shortening these periods of education.

It is, of course, a fact that the amount to be learned can be concentrated into a much shorter period. The students do as a result have to work much harder, but "crash" courses are currently very fashionable. However, is this necessarily beneficial to the recipients, and does one acquire anything more from a course which is less intensive?

Many of the courses which are now arranged for people in all walks of life, do appear to leave the students with acute mental indigestion and a firm resolve never to submit to such an ordeal again. There should surely be more benefit than that to be obtained.

If nurses are to be seconded to courses, it would seem only reasonable that the hospitals should wish to have them returned better educated in every sense of the word. In this way, greater benefit is obtained by everyone. To spend the minimum amount of time, absorbing the maximum number of facts, only leaves people exhausted.

It would be unfortunate if the proposal to shorten these courses were to be accepted. The result is likely to be, that those who qualify will have been deprived of a period in which they can not only enjoy learning their new knowledge, but can also have a longer period in which to adapt to the new type of work which they will undertake.

GUY'S HOSPITAL REPORTS

Vol. 121, Nos. 2 and 3, 1972

Vol. 121/2/3 has now been published. The contents are as follows:

The Lower Amazon—G. E. H. Foxon.

Pompe's Disease—Detection of Maternal Heterozygote and Antenatal Exclusion in the Fetus—P. F. Benson *et al.*

The Bone Marrow during recovery from Drug Induced Agranulocytosis—Michal S. Rose, *et al.*

The influence of different amounts and concentrations of glucose on the oral glucose tolerance test—M. H. Jourdan.

The response of the multiple forms of lactate dehydrogenase to drugs—Gideon M. Sein.

Preparation and sensitivity of isolated fat cells of the rat, to a serum lipolytic agonist—P. B. Curtis-Prior.

The influence of psychotropic drugs on alanine and phosphate metabolism in the rat—A. K. Chowdhury.

A Guy's-Maudsley Special Out-patient Clinic Evolution from January 1956 to September 1971—David Stafford-Clark.

Nutritional consequences of affluence—Ian Macdonald.

The Bagnio of St. Thomas's Hospital—William N. Boog Watson.

Conservative Surgery for Renal Arteriovenous Aneurysms—F. A. W. Schweitzer.

Traumatic Separation of the upper femoral epiphysis in a three-year-old child—S. Gallannaugh.

Treatment of epilepsy by the reciprocal inhibition of anxiety—K. F. Standage.

Evidence of Intracranial Deposits at the onset of Myelomonoblastic Leukaemia—Michael S. Rose.

Delayed Akinetic Mutism after Subarachnoid Haemorrhage—R. S. Maurice-Williams.

A case of Hypopituitarism associated with Sickle Cell Trait—J. C. Robertson.

Orders for annual subscriptions to The Reports should be sent, accompanied by an appropriate remittance, to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

Special rate for Guy's men—Annual Subscription £3.15.

Price for single number on application.

BOOK REVIEW

PHYSIOLOGY OF THE JOINTS by J. A. Hakandji; Livingston; three volumes, price £2.75 each.

Hakandji's volume 2, which has been read for this review gives a comprehensive description of the functional anatomy of the joints of the human lower limb, their mechanics and the action of related single muscles and muscle groups. Since a topic of this kind requires the reader to develop a three-dimensional model this book consists to a great extent of drawings. In their restriction to essential outlines these drawings epitomize the relevant features of body positions and movements. Three-dimensional models and illustrations demonstrating types and limits of movements in a particular joint are at once understandable. The author also explains the role of single joints and of muscles acting on them as integral parts of whole body movements.

The drawings are accompanied by short explanatory notes. Although there is little redundancy in these notes, they are readily comprehensible. In every problem attempted the book goes into (one feels) justified detail.

The title of the book suggests that all aspects of the physiology of the joints are dealt with. One expects, therefore, a chapter about, for example, the synovia. In volume 2, on which this review is based, a chapter about the general physiology of the joints has been omitted. The lack of such a chapter does not seem to be disadvantageous.

Within its self-elected boundaries the book is excellent. The price of £2.75 appears justified.

W.H.

20th May, 1973: A Guy's Day

The Milk Race was a success: rowed from Isleworth to Strand-on-the-Green, it excited more interest than any previous rowing event involving the London Teaching Hospitals. There were 600 competitors and thousands of spectators.

Fifty-one boats took part and were divided into five divisions, thus international oarsmen were not competing against fancy dress crews who had, some of them, managed only a few outings before the race. Each crew had several milkmaids (beautiful girls dressed as seductively as they dared), one stationed at the start and one at each of the pontoons along the course, from which they dispensed milk in half-pint packets to each crew member. Once the milk had been drunk to the satisfaction of the pontoon marshal, helium-filled balloons were attached to the boat, which then rowed on, in its own style, to the next stage.

Not that the milkmaids had to work all the afternoon, there was ample opportunity for them to sport their costumes, many of which had been made specially for the event, both on the river bank and at the beauty competition judged by Mr. and Mrs. R. S. Steven for the Milk Marketing Board, Miss Karen Langstaff, the National Dairy Queen, and Mr. and Mrs. J. W. Mansie of Guy's. The event was won by two girls who symbolised the serene elegance befitting the languid life of an afternoon by the river or an evening milking: Miss Ann Rothman and Miss Amanda Payne, both appropriately from Guy's.

There was considerable competition for the main rowing cup, the Cheddar Trophy, a seventeen gallon, seventy-pound, Victorian milkchurn, unique and in magnificent condition. After an exciting duel between Guy's I and St. Thomas's I, Guy's won by 19 seconds in 14 mins. 38 secs., and in addition to the churn, won a 60 lb. cheese which they presented to the Guy's Ladies' Association.

Guy's also produced the finest fancy dress crews, amongst which were: a slave boat coxed by a military Clive Handler, a superb crew of apes coxed by Tarzan and towing a plastic crocodile which, unfortunately, found the tide of time against it and floundered on a petrol pump, the surgeons under Mike Browne, the unerupted eight, a crew of babies and the winners, a crew from the Sailing Club which produced a fully-rigged Viking Clinker VIII with a magnificent bird prow and managed to complete the course with all tackle still aboard.

The Ladies' VIIIs were won by St. Thomas's and the Open IVs by St. Mary's, not before the Ladies' VIII from King's had been announced the winners and a rather sheepish captain had come to say that King's had no ladies' crew, and that his boat had been dressed up as nurses. One wonders whether the King's drag-nurses VIII should not have won the fancy dress section, but the judging was for originality as well as effectiveness, and drag crews were much in evidence—even in the milkmaid competition, where some were daringly décolleté.

The Gorilla Eight

Negotiating the Pleasure Craft

Tideway Scrubbers I

The race was held under the sponsorship of the Milk Marketing Board and organised by Guy's Hospital Boat Club. Never before has one Guy's club been able to put on so large an event. That everyone enjoyed it so much is due to the very many helpers who gave unstintingly of their time, and especially to Jimmy Wallace, senior boatman to the University, without whom nothing can ever happen on the river, to Charlie Newins, boatman to Imperial College who lent Guy's three boats and brought his launch on the day, to Westminster School for lending us three boats and to King's College Boat Club for the loan of one boat.

There were several unusual features in this race—apart from the unprecedented enthusiasm and support shown by everyone—there has never before been a fancy dress handicapped rowing race with a turn in it. The crews leaving the last drinking stage at the University Boathouse were sent upstream to finish at the Kew Railway Bridge, so that spectators at Strand-on-the-Green could have a better view. Surprisingly, that part of the race was not chaotic! This event also provides an opportunity for everyone to take part: from serious oarsmen to novices who are happier with a hockey stick.

We were delighted by the number of girls who entered either rowing or as milkmaids —a much more becoming rôle than doing a forced march around the Surrey countryside in search of the elusive Guinness. We look forward to next year with hope.

The Viking Eight in Kew Fjord

Winners of the Cheddar Trophy for fastest crew overall: Guy's I— Bow, N. J. Odoru; 2, D. Wright; 3, M. Gleeson; 4, J. Burgess; 5, S. R. Pinkney; 6, F. Fenn; 7, P. Stuart-Bennett; stroke, A. Chivers; Cox, F. Moorhouse.

Fastest IV: St. Mary's II.

Fastest Ladies' Crew: St. Thomas's VIII.

Champion Milk Maids: Miss Ann Rothman, Guy's Hospital Dental School, and Miss Amanda Payne, Guy's Hospital Medical School.

CORRESPONDENCE

Cancer Research Campaign

SIR,—Please may I take advantage of your columns to thank all the helpers and contributors who made the collection at Guy's for the Cancer Research Fund such a success. The total sum amounted to £367.79. Of this, £206 was the result of the efforts of the girls of St. Saviour's and St. Olave's Grammar School for Girls, which is a tremendous achievement and one for which the organisers of the Fund are sincerely grateful.

Yours faithfully,

31 Merrick Square, SE1 4JB. MARGARET HELLIWELL

Festival of Flowers

SIR,—May I use your columns to publicise a "Festival of Flowers", which is being held in The Chapel from Sunday, 22nd July, to Friday, 27th July, 1973.

It is hoped that the Staff of the various wards and departments will share in arranging the flowers.

If any reader would be able to provide flowers or foliage, or would care to be responsible for an individual arrangement would she please contact me.

The School of Nursing, THIRZA SWINDELLS
Guy's Hospital.

Obituary — Mr. V. E. Lloyd

SIR,—I had the honour and pleasure of being trained by "Sambo" Lloyd, and remember him well as a tireless and meticulous teacher, with a deep understanding of the many problems facing the patients who came under his care. Quiet and unassuming outside the Annexe, but within its walls he ran the Department with the utmost efficiency, and a humanitarian approach which was rare—and maybe still is rare—in Venereology.

He was ever helpful to those who worked in the Department, and one could not have had a more loyal and understanding colleague. One pleasant, personal memory I have is when he suggested to me that I should go to the Ministry to see Colonel L. W. Harrison, who was then Adviser to the Ministry on Venereal Disease, and at the time I had no money on me. He pressed half a crown into my hand and said "take a taxi—he doesn't like to be kept waiting".

He had a dry sense of humour and an ability to appear silently beside you whenever difficulties became apparent in handling a patient in the Annexe. Most of us who were lucky enough to be trained by him look back on the years that we spent working with him in the V.D. Annexe as a most fruitful and pleasant time.

Yours faithfully,

Diagnostic Clinic, Health Department, PHILIP S. SILVER
Civic Centre, Bolton. Medical Director.

Business as Usual

SIR,—Your nursing correspondent is doing a good job and persuade her to continue. When your correspondents (19th May) want her suppressed it is because they see only one side of the picture. Salmon may lend itself to big business; it does not do so to nursing. I heard a portrait had been painted of The Last Matron of Guy's—hung somewhere! Who would want to be a No. 10 anyhow?

If you want better pay and retirement pension, in Salmon there comes a stage when you must leave nursing and become an administrator.

I am now a Senior Citizen; how clever we are at coining new labels (at least it is better than the O.B.F., or No. 17), and like many of my contemporaries, we learned a great deal from our ward sisters after qualifying. The young doctor today may not want to—in fact many sisters are young and relatively inexperienced and could not pass on the "know how" of the paragons of my generation who had entered nursing as a vocation and often gave their lives to one ward!

Since 1969 it has been my misfortune to see a lot of the other side of the counter; unfortunately because Guy's failed me, and that was a bit of Salmon. I would not be alive today but for the wisdom of a Guy's surgeon who took a chance at a life-saving second operation and had me moved to another ward where the devotion of an "old timer" sister nursed me back to relative health. Since then I have been more aware of the tragic transition. It has been my misfortune to need occasional in-patient care—fortunately in hospitals where Salmon has not yet taken over and where the shift system is only partial and continuity remains.

A nurse could not and will not be a nurse if she does not enter the profession as a vocation. That is the only way you can establish a nurse/patient relationship. I have seen patients die when there was no reason and I have seen patients virtually given up as lost, brought back to health by the devotion of a sister and her staff, and long before we had modern wonder drugs. Even these are sometimes abused by ignorance, forgetfulness, irregularity or the demands of a shift system.

If a person (girl or boy) wants to become an administrator, nursing is not for them, and if your correspondent (5th May) is correct in castigating school teachers, let it go on, because it is only out of those who want to nurse, however their academic teachers may deplore the fact that no university degree does not reflect glory on their own work in the school room, that we can build up a nursing service worthy of the past and proper for our needs of today.

Go to Westminster Abbey and attend the annual Florence Nightingale Service and apart from those who come for exhibitionism, you will see there those who pay homage to the foundation of our honourable, worthy and needed profession but, for goodness sake, let us find a way of giving the practical nurse financial reward relative to present standards, without depleting the ranks of the devoted nurse, because of pecuniary needs. In the meantime, if money is the objective in life, let that schoolmaster continue to castigate because big money can be made in the City by a small proportion of those academic successes he so erroneously encourages to regard nursing as something left over for the also rans!

For our survival nursing must remain an honourable, properly rewarded, vocation at the bedside. (Mr. Clay can reflect Nature has always rectified male/female proportions after disaster.)

Yours faithfully,

Tanglewood, Kemnal Road,
Chislehurst, Kent.

Dr. DAVID ERSKINE

Loss of Identity

SIR,—With reference to the letters from two Chief Nursing Officers in your issue of 19th May please allow me to say that I, in common with many other people privileged to have trained at Guy's read the *Gazette* regularly and have occasionally been a contributor. Like them I do not always agree with the views expressed by your nursing correspondent but they have never caused me to feel anxious about the future of Guy's as I now do.

Miss Haigh spoke at the annual meeting of the Guy's Hospital Nurses' League on 9th May exhorting us to be more forward-looking, more outward-looking and more community-based in our thinking.

When I was at Guy's (and more recently) is **was** a community and serving a community. The patients were our friends and many of us visited

them in their homes and got to know their families. They, like the nurses, were people and not numbers.

Lord Robens also spoke on 9th May. While one cannot doubt that he was, to some extent, telling us what he knew we would want to hear, he took the view that the Nurses' League would have an important role to play in the future as guardian of the Guy's tradition. Quite how we are to do this he did not say. Perhaps the League Council could arrange a study-day at which those of us who are sufficiently interested could discuss ways of avoiding the threatened total loss of individual identity of Guy's Hospital. This will surely follow the disappearance of the Board of Governors on 1st April, 1974. How many Guy's people care?

Yours faithfully,

MARNY HALLAM
(née Weaver, Guy's 1931-35)

It ain't wot yer got . . .

SIR,—I would like to comment on Miss E. M. Grant's letter of 5th May criticising the appointment of eight male nurses to C.N.O. and P.N.O. posts.

In this day of nursing specialisation it would be unrealistic to assume that any candidate for a senior nursing management post would have practical experience, at a relevant level, of every type of nursing. Moreover, does the breadth of the candidate's experience have any direct bearing upon his or her capacity to adequately fill a senior management position, where administrative ability must rank at least as high on the list of desirable qualities as gynaecological nursing?

Surely the criterion for appointment of individuals to these positions must be their ability to perform effectively in them?

Yours faithfully,

KATHLEEN OPENSHAW, S.R.N.

103 Valleywoods Road,
No. 108,
Don Mills, Ontario.

Keeping The Wheels Turning

SIR,—Many factors are blamed for inflation—the rising price syndrome—including the favourite, which is world prices. But it is true to say that if more can be produced with the same effort, possibly using the same space and even, in some cases, the same quantity of material, inflation would be beaten.

A brave effort is made in Croydon at the Waddon Industrial Rehabilitation and Training Unit in Stafford Road, Croydon. As one attending the Rehabilitation section, I saw many visitors watching us in the first week. So we were certainly important! Let us hope there will be more.

One can only have admiration for their patience, adaptability, and knowledge of the supervisors. Personally, the Gymnasium seemed the most important part where the work of the physiotherapist could be continued. The length of the course, however, is too short—six or seven weeks—and one is inclined to look upon it as something to be endured rather than conquered.

But the greatest criticism is that, even if it is run by the Department of Employment, some definite links should remain with the educational system. Why, for example, is the unit not mentioned with the Universities, the Polytechnics and the Technical Colleges? Has education become too aloof?

Unless theory and practice merge we are not going to win the battle against the problems of the day.

Yours sincerely,

WATKYN JONES

114 Hartfield Road,
Wimbledon, London, SW19 3TG

100 Years Ago

Saturday, 12th June, 1873

The committee of the Bristol Children's Hospital recently proposed to elect Dr. Eliza Walker to the vacant post of house surgeon. Upon this, the medical staff threatened to resign. Today a meeting of the subscribers was held when the following resolution was carried by 72 votes to 17: "That medical and surgical appointments to the hospital be henceforward open to lady candidates".

Athletics

The High Jump was won easily by Mr. C. L. Jones, who cleared 4 ft. 10¼ in. in capital style, and this being more than Mr. McKern, who was second, could accomplish, the winner did not make any further attempts; but had he been put to it, he could, without doubt, have cleared an inch or two more.

Letter to the Editor

Sir,—I have been much interested in the perusal of a letter, signed "An ex-Extern", in last week's number of Guy's Hospital *Gazette*, as the subject to which it relates has occupied my attention a good deal, although, I regret to say, with no practical result. My object in writing is, in the first place, to offer to send a subscription, if required, for helping to start the experiment, and secondly, to suggest the possibility of adopting, in addition, some such scheme as that which, I hear, has long been in action at St. Thomas's—where students attending midwifery cases are allowed to give to necessitous patients orders for soup on the hospital kitchen.

I am, Sir,

Your obedient servant,

An old Obstetric Resident

SPORT

SPORTS DIARY

JUNE				
23	CRICKET	Middlesex	2.00	Away
24		20—30 Club	2.00	H.O.P.
26	TENNIS	R.N.C. Greenwich	6.15	Away
27		St. Thomas's Hospital	2.30	H.O.P.
30	CRICKET	Mote	11.30	H.O.P.
JULY				
3	TENNIS	Lloyds Bank II	6.15	H.O.P.
7		Winchester II	2.30	Away
8	CRICKET SILHOUETTES	Dormansland	2.30	Near Lingfield
11	TENNIS	Metropolitan Police II		Away

LADIES' TENNIS

Guy's vs. University College Hospital

St. Pancras Hospital, 6th June. Won 4—2

Having had so many cancelled matches, Guy's Ladies' team were thankful to play U.C.H. even though the opposition could only raise two couples. With good courts and on an ideal day, Guy's took an early lead with their first couple defeating U.C.H. second by 6—0. The second Guy's couple simultaneously winning 7—5 against the U.C.H. first, and the third couple continued this winning streak by beating U.C.H. second by 6—1. After a very pleasant afternoon the final result was 4—2 to Guy's.

Team: 1st couple—A. Rothman, P. White. 2nd couple—L. Broughton, M. Long. 3rd couple—T. Bailey, T. Harrison.

A.R.
P.W.

TENNIS

Guy's, having won through one round of the U.H. Cup and two of the University Cup, succumbed in both in the same week. Between these two defeats was a fine League victory.

On Monday, 4th June, without our captain, Nigel Bullock, Guy's were defeated by a surprisingly strong Royal Free side with all three pairs losing to their opposite numbers, the match being lost 7—5.

On the Wednesday we had a convincing 8—1 victory in the League against U.C.H. Chris Mackenzie and Chris Williams, the first pair, won their doubles with a straightforward, very competent 6—2, 6—3 victory. David Macpherson and Richard Knight, the second pair, found themselves 0—5 down in the first set but girded themselves together and eventually won 1—6, 6—1, 7—5, the final set being very tight.

The third pair, Ian Nicholson and John Efthimiou, were in no hurry and must have played cat and mouse with their opposition as they took longer over their 6—3, 6—3 victory than the second pair. Five of the six singles matches were won, David Macpherson winning a horrific 14—12, 1—6, 6—1!

Back to reality on Friday, 8th June, when we were shuffled out of the U.L. Cup by St. Mary's 5—1. The best match of the afternoon was between the first two pairs. Chris Mackenzie and Arne Colman having a great game with Chris insisting on serving aces, all to no avail as they eventually lost 9—7, 6—2. A very enjoyable match to watch.

D.M.

RUGBY CLUB

Report of Season, 1972-3

For the club this was a season of mixed fortunes. Although rugby is said to be of waning interest to students the number of players at Guy's this season compares favourably with the previous few years. Usually, fixtures were played each Saturday by five sides, and sometimes six. Despite a trend by some club members to devote their energies to social rugby, training evenings at Honor Oak Park were generally well supported and as many as 40 students were present at times. The splintering of the club's resources by the concept of purely social sides has not been the source of acrimony witnessed a year ago, largely due to an increased willingness of the social side captains to participate in the club's affairs at committee level.

The standard of play is not fairly reflected in the recorded scores. There were certainly some startling points margins such as the Angels victory over Midland Bank 3rd XV by 60—3, and the 2nd XV win against Goldsmiths' College by 53—3. Some losses by similar margins are not so prominently recorded. The array of talent in the club is exemplified by the appearance of 33 different players for the 1st XV.

The first fifteen record was far from outstanding but was the best for three years. In summary, the first XV won 10 games, lost 18 and drew 2. Points scored were: for, 466, and against, 523. The most striking feature of the season's performance is the number of games lost by a few points in the closing moments. Notably these include losses against Tredegar (11—13); Nuneaton (15—8) and Taunton (12—13). The lowest moment was the unexpected defeat by the London Hospital in the Hospitals Cup Competition, again by the narrowest of margins (6—7). The happier events were the 2nd XV victory in the Hospitals Junior Cup Final and the Past v. Present game.

It is rarely appreciated how much hard work some players undertake to ensure the smooth running of the club. Such a core of energetic members, rarely attracting praise, is essential to the well-being of Guy's rugby and this year they have had to surmount frustrations from a number of sources. One of these has been the savage curtailing of the club budget. Schemes to offset the financial pressures placed on the club have had a measure of success. The first fifteen, on whom the bulk of money is spent, have revised many of their travelling arrangements and cut back on expenses wherever possible. The social secretary, Ken Rigg, arranged a series of extra dances at H.O.P. but these attracted little support and a negligible income. A number of further fund-raising ideas are currently under discussion and their need will be vital if the club is to maintain fixtures and its national reputation.

An innovation is the formation of the Guy's Supporters' Club. Credit for this must go to the secretary, Steve Challacombe, who has already received an encouraging number of applications. Any past or present members of the hospital are invited to join and Steve Challacombe will willingly provide details. The supporters' club will be administered by Dr. Hugh Burry and it is an idea that deserves success.

T.G.

WATER POLO

University of London — Water Polo League

RESULTS

	P	*W*	*D*	*L*	*For*	*Agst.*	*Points*
Division II							
R.D.H.	8	7	0	1	45	18	14
Guy's	8	5	0	3	40	27	10
King's	8	4	1	3	36	39	9
St. Thomas's	8	2	0	6	21	46	4
Imperial II	8	1	1	6	24	36	3
Division III							
Guy's II	5	3	0	2	6	4	6
Westminster	5	3	0	2	7	6	6
St. Mary's II	5	2	0	3	4	5	2
London II	3	1	0	2	4	5	2

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital commencing 1st September, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Casualty Officer** (Senior House Officer Grade) at Guy's Hospital for the six months period commencing 1st September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Resident Senior House Officer** in the Department of Psychological Medicine commencing 1st September, 1973, for a period of six months in the first instance

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Paediatric House Physician** (post-registration) at the Evelina Children's Hospital for a period of six months to commence on 1st October, 1973. The post is recognised for the DCH and consists of four months medicine and two months surgery.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of post registration **House Physician** to the Department of Paediatrics at Guy's Hospital for a period of six months from 1st September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Obstetrician** (Senior House Officer Grade) for the period commencing 1st September, 1973, for six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st September, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Dermatology for the six months period beginning 1st September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st September, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Resident Senior House Officer** in Anaesthetics from 1st September, 1973, for a period of six months in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **6th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of locum **Senior House Officer** in Clinical Pathology to work in the Group Laboratory at St. Olave's Hospital from 1st August to 5th December, 1973. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **29th June, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Dental House Surgeons** in all dental departments at Guy's Hospital commencing 1st August, 1973, for a period of six months. Detailed applications, together with the names of two referees, should be submitted to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **29th June, 1973.**

UNIVERSITY OF LONDON

Ph.D. Medicine

April 1973

R. Shaher (Congenital Heart Disease)

PASS LIST

Third M.B., B.S.

April 1973

Honours

Philippa M. Curran (Distinguished in Obstetrics and Gynaecology)

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R. J. Musgrave
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Gabriel R. Pietroni
P. Ranger
G. L. Scott
A. A. Sorefan
P. R. Southwell
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K. K-K. Wang
R. J. Wilson
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S. J. Doyle
C. R. Gilbert
R. K. Green
A. J. Hall
F. P. Jackson
D. J. Jones
R. H. Jones
R. B. Kinder
R. J. Knight
J. P. Lewis
Carey B. Morris
M. A. L. Pringle
J. S. Strang
W. R. Yetton

Part II

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Philippa S. J. Birch
Mary E. F. Clift
A. E. Limentani
V. K. Manna
J. L. Ogle
A. J. N. Renshaw

Part III

T. R. E. Barnes
Helen Dow
S. Edwards
C. R. Gilbert
N. F. G. Hopkins
R. H. Jones
R. B. Kinder
W. H. Konarzewski
M. C. Mace
R. G. Mitchell
S. C. Ng Tang Fui
J. Stephens

Part IV

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Philippa S. J. Birch
Mary E. F. Clift
S. Edwards
C. R. Gilbert
N. F. G. Hopkins
R. H. Jones
R. B. Kinder
W. H. Konarzewski
A. E. Limentani
M. C. Mace
V. K. Manna
R. G. Mitchell
S. C. Ng Tang Fui
A. J. N. Renshaw
J. A. Sogbodjor
J. Stephens

CAMBRIDGE UNIVERSITY

D.M.

May 1973

G. D. Schott

UNIVERSITY OF LONDON

M.D.

April 1973

A. R. Nathoo

EXAMINING BOARD IN ENGLAND

Final L.R.C.P., M.R.C.S.

April 1973

Medicine

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Hilary J. Gilford
B. J. M. Jones
R. J. Knight
A. J. Pickup
A. J. N. Renshaw
W. R. Yetton

Midwifery

D. J. Jones
S. R. P. Lansdown
J. S. Strang
Beryl J. Way

Pathology

H. J. Gilford

Surgery

A. E. Brown
S. J. Durnford
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N. F. G. Hopkins
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R. H. Jones
J. S. Strang
R. J. Walsh
Beryl J. Way
R. J. Wilson

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Final Examination May 1973

Ashby, Miss P. J.
Brown, Mrs. D. (née Rasaiah)
Cornford, Miss A. L.
Ellis, Miss J.
Hall, Miss S. L.
Howey, Mrs. J. M. (née Counsell)
Hughes, Miss M. B. E.
James, Miss A. M. M.
Kirby, Miss D. J.
Lane, Mrs. R. A. (née Cotton)
Strange, Miss H. W.
Sumner, Miss M. L.

PAPERS BY GUY'S MEN

Alexander, Suzanne L., Leibowitz, S. *and* Spector, R. G. Local and generalised skin reactions to phenoxybenzamine. (Correspondence). *Lancet*, 1973 **1**, 317.

Alexander, Suzanne *and* Lyne, C. A preliminary clinical trial of hydrocortisone 17—butyrate. *British Journal of Clinical Practice*, 1973, **27**, 177.

Bradford, Elaine. Physiotherapy and renal failure. *Physiotherapy*, 1973, **59**, 146.

Emslie, R. D. Prevention in relation to restorative and prosthetic dentistry. *International Dental Journal*, 1973, **23**, 69.

Gaind, R. Les facteurs psychologiques dans l'etiologie de l'obésité et dans le traitement à long terme de l'obése psychiatrique. *La Vie médicale au Canada français*, 1973, **2**, 171.

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Hayward, J. L., Tong, D. *and others.* Effect of steroidal contraceptives on levels of plasma androgen sulphates and cortisol. *Lancet*, 1973, **1**, 628.

Hunt, J. N. *and* Stubbs, D. F. Economy in the brain (Correspondence). *Lancet*. 1973, **1**, 997.

Johns, R. B. *and* Boyd, E. G. C. A. An investigation into the lighting requirements for operative dentistry. *Journal of Prosthetic Dentistry*, 1973, **29**, 195.

Kemble, J. V. H. The effect of surgical operation on leg venous flow measured with radioactive hippuran. *Postgraduate Medical Journal*, 1971, **47**, 773.

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Rees, R. J. W. Can arthropods transmit leprosy? (Editorial). *Leprosy Review*, 1972, **43**, 165.

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Shearer, M. J., McBurney *and* Barkhan, P. Effect of warfarin anticoagulation on vitamin K, metabolism. *British Journal of Haematology*, 1973, **24**, 471.

Simpson, M. A. Selection of medical students. (Correspondence). *Lancet*, 1973, **1**, 941.

Snodgrass, G. J. A. I., Stimmler, L., Went, J., Abrams, M. E. *and* Will, E. J. Interrelations of plasma calcium, inorganic phosphate, magnesium and protein over the first week of life. *Archives of Disease in Children*, 1973, **48**, 279.

Toseland, P. A. *and another.* Urinary excretion of quinolinic acid and other trytophan metabolites after deoxypyridoxine or oral contraceptive administration. *Metabolism*, 1972, **22**, 165.

Wheatley, D. Clinical evaluation of a new chemical compound with antidepressant properties. *British Journal of Psychiatry*, 1972, **121**, 565.

Zaphiropoulos, G. Recent calcific pericarthritis involving multiple sites. *Proceedings of the Royal Society of Medicine*, 1973, **66**, 351.

DEATH

LATHAM: Suddenly at Sydney, Australia, on 14th March, 1973, aged 45 years, Geoffrey Rourke Welsford Latham, Hon. Neuro-surgeon, Sydney Hospital, husband of Judy (late of Guy's).

ROBERTSON-RITCHIE — On 9th June, 1973, suddenly at St. Richard's Hospital, Chichester, Douglas H.T.M., F.D.S., H.D.D.(Edin.), L.D.S., R.C.S.(Eng.), dear husband of Jane and father of Jean, Hugh and Elspeth. Memorial Service at Guy's Hospital Chapel at 3 p.m. on Saturday, 23rd June, and also at the Cathedral, Chichester, at 12 noon on Saturday, 30th June, 1973. Donations in memory to the Friends of Chichester Hospital (Chichester).

BIRTHS

FOULDS: At the Royal Sussex Hospital, Brighton, on 6th February, 1973, to Shirley and David Foulds, a son, Tom David.

GREGSON: To Elizabeth (née Williams) and Stephen Gregson on 24th May, at Southmead Hospital, Bristol, a son, Alistair Henry.

ENGAGEMENT

GILBERT—McLAUCHLAN. The engagement is announced between Dr. Christopher Gilbert, son of Mr. and Mrs. R. Gilbert of Rowlands Castle, Hampshire, and Marianne McLauchlan, daughter of Dr. and Mrs. A. E. McLauchlan of Sudbury, Suffolk.

MARRIAGE

MURGATROYD—VAN ESSEN. On 19th May, 1973, at Queenswood School Chapel, Hatfield, Herts. Dr. Anthony Bruce Murgatroyd to Dr. Morna Janet Van Essen.

CHANGES OF ADDRESS

Dr. and Mrs. T. H. Guerrier, 75 South Western Crescent, Lower Parkstone, Dorset. Tel. Castle Hill 2721.

Dr. and Mrs. M. N. Maisey, 17 Eliot Vale, Blackheath, London, SE3 0UW.

Mr. Roger Parker, F.R.C.S., The Old Cottage, Mill Street, Redhill, Surrey. Tel. Redhill 61221.

Martin and Virginia Conybeare have moved to 147 Divinity Road, Oxford, OX4 1LP.

Mrs. M. F. Hind, "Gayles", The Green, Borley, Sudbury, Suffolk, CO10 7AF. Tel. 078-73-75075 (Sudbury).

Dr. and Mrs. D. J. Openshaw, 161 Colin Avenue, Toronto, Ontario, M5P 2C5.

Dr. and Mrs. I. G. McGill, Meads, Dartington, Totnes, Devon, TQ9 6NS.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2216

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

On Friday, 29th June, 1973, the Clubs' Union Council, ratified "with acclamation" a constitution for the new body, which will have a very large control on the future and quality of student life at Guy's. The new consitution that will bring about the greatest change in the politcal system that the present generation of students will see. An important change, all will agree, and one which students and staff alike, have worked extremely hard upon, during the last two years. And yet—at this moment of triumph when students will, at last, have a real and powerful control over their affairs where were the generals? Were Ulysses, Ajax and Troilus all dallying in Achilles' tent?

Where *was* Mr. Vevers, the representative from the Students' Club who are responsible for the new constitution? Where was the Dental Society representative, who is supposed to look after the interests of all the dental students? Where were Messrs. Burns, Hayward, C. Mackenzie, Sparrow, Richards and, of course, Miss Roe, who is looking after the interests of all the ladies at Guy's? One has heard all the usual excuses of pressure of work (very prevalent on Friday evenings), exams, etc., but there can surely be little point in electing representatives, if they cannot even fulfil the basic requirements of representation, let alone attempt the vast amount of groundwork and preparation that precedes these meetings.

This problem is not, of course, confined to the Clubs' Union Council, on several occasions the Students' Club have been hard pressed to reach a quorum and one wonders why the recently elected second year clinical representative did not attend the last Dental

Society meeting. Let these people stand up and explain why they can behave in such a negligent fashion. In all but a few of the various student representatives, there is an inherent lack of interest, lack of responsibility and lack of communication between the electors and those who have been elected. Let us be quite clear—an elected member of any council should express both his own views and those of the people who he represents. He can do neither by absenteeism from the debating chamber.

This situation must not be allowed to continue when the constitution is effected. The General Meetings of the student body will decide overall policy and will elect members to carry out this policy. It will be of paramount importance, that these people carry out their function with the utmost of vigour and remain accountable to the student body. The students must demand and ensure that they remain accountable, otherwise the constitution will fail and Thersites shall have the last laugh.

NEWS IN BRIEF

Squash Court

The walls of the Squash Courts are going to be refaced and no play will be possible on them for at least the rest of the month.

President of Clubs' Union Council

Mr. J. W. Mansie was elected President of the Clubs' Union Council at the meeting of April 12th.

Crèche Facilities

At the last meeting of the Senior Group staff, consideration was given to the possibility of developing crèche facilities at Guy's. Members of staff who are interested in such a scheme should contact Mr. J. H. Carruthers Counting House by 7th July.

GUY'S DIARY

JULY

9	M	1.00 Clinical Lecture. Mr. YATES.
10	Tu	1.00 Clinical Lecture. Professor LESSOF. "Allergic Reactions and their Treatment"
12	Th	1.00 Clinical Lecture. Mr. GLOVER.
16	M	1.00 Clinical Lecture. Mr. RENDALL.
17	Tu	1.00 Clinical Lecture. Dr. HOSKINS. "Radiology of the Colon"
19	Th	1.00 Clinical Lecture. Dr. STAFFORD-CLARK. "Front Row at the Accident"
20	F	1.00 Clinical Lecture. Dr. CHANTLER. "Renal Function Tests"
24	Tu	1.00 Clinical Lecture. Professor POLANI.
27	F	1.00 Clinical Lecture. Mr. O'FLYNN.

"Afore ye operate"
Remember glass shows on X-rays

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Survey of the Interpretation of Medical Terms

M. R. B. Cottrill
R. D. A. Coxon
R. J. L. Deacon
K. T. Khoo
R. G. King

Objective of the Survey

The survey was carried out with the objective of finding out what some people understand to be the correct meanings of some commonly used medical terms. There are probably numerous occasions when such terms come up in the course of conversation between doctor and patients; e.g. patients may express their symptoms with one of these terms to their doctors or vice versa the doctor may mention them to his patients. In both cases there may be a different concept of the term. In this survey an attempt is made to determine whether age, sex and social class of the patient has any connection with the understanding of such terms as implicated in the survey.

Method of Survey

The survey was carried out using questionnaires. Each questionnaire requested the name, age, sex and occupation of the participant. It included a note on how to answer the questions to the best of the person's knowledge and to avoid the temptation for guessing a column of "Don't know" was included. Seven terms were each given five to six different 'definitions' including "Don't know", and the respondent was asked to choose the phrase which he/she felt best explained the term.

These questionnaires were distributed to some medical and surgical patients at Guy's Hospital, who were fit enough, patients at general practices and to a miscellaneous group. Each participant answering the questionnaire was only aided as to how it should be filled in; for those who had any handicap they were explained to fully and their answers were filled in by the person interviewing.

Results

There were a total of 142 completed forms. The analysis consisted of determining the number and percentage of people who answered what we considered the most appropriate choice to each question. This analysis was done for the 57 who were under 30, the 35 who were 30 and over, for the 48 males, the 94 females, the 38 in Social Classes I and II and for the 64 in Social Classes III, IV and V. Those under 30 were mainly over 20. The age and social class groups were chosen so that each group had a reasonable number within it. Forty individuals could not be put into one of the Social Classes I to V because

they were retired, students, or their occupation was not given at all or was given with insufficient detail. The table below shows the total in each of the six groups and the percentage of people in the group who answered "correctly" for each question.

Medical Term	Group	Age in Years 10-29	Age in Years 30-100	Sex Males	Sex Females	Social Classes I & II	Social Classes III, IV, V
Chronic Bronchitis		56%	55%	56%	55%	74%	56%
Diarrhoea		53%	61%	52%	61%	68%	56%
Constipation		75%	60%	58%	70%	84%	59%
Nausea		75%	68%	69%	72%	89%	67%
Heartburn		77%	75%	63%	83%	87%	75%
Abdominal colic		23%	25%	21%	26%	32%	20%
Palpitation		67%	60%	56%	66%	79%	66%
Total in group		57	85	48	94	38	64

Age: The percentage obtaining the "correct" answer was greater for the younger group on five questions, and for the older group on two questions, but these differences between younger and older were not significant at 5%, or at 10% with the exception of those for constipation (using the usual 5% convention) chance is a reasonable explanation of these differences, and the results do not give any evidence against the hypothesis that the percentage obtaining the "correct" answer was the same in the populations of these age groups, from which we had samples.

Sex: Except on bronchitis, females scored better than the male group but not significantly so at 10%, except on heartburn. For heartburn, the percentage of females obtaining the "correct" answer (83%) was significantly different at $2\frac{1}{2}$% from that for the males of 63%.

This gives some evidence against the hypothesis that in the populations of males and females from which our samples were drawn, the percentage obtaining the correct answer was the same.

Social Class: Social Classes I and II scored better than Social Classes III, IV and V on all questions, but these differences were not significant at 10% except for constipation and nausea which were significant at $2\frac{1}{2}$%. The higher scores in the Social Classes I and II could be a reflection of the greater standard of education in these groups.

Finally it can be noted that the score on the question on abdominal colic was poor in all groups, and to most people abdominal colic involves abdominal pain, which does not necessarily wax and wane.

Problems and Limitations of the Survey

Very few people when approached to participate in the survey, refused to answer the questionnaire. Most of those who refused said that they were in a hurry to get somewhere and could not spend any time answering questions. Apart from those isolated cases, most people were quite co-operative. Some people asked why they had to have their names in the questionnaires—the interviewers explained that this was to prevent them approaching the same person twice in the course of the study and that, if they wished, they may omit their names from the forms. Lack of reading glasses or poor sight were usually the reasons given by the patients who were unable to anwer the questionnaires unaided. In general there was little or no difficulty in filling in the forms, especially after suitable explanations of the requirements.

Ideally, the questionnaires should have been distributed in such a way that a random sample of the general population was obtained. This proved difficult in practice. Instead for our convenience a proportion of our patients came from Guy's Hospital wards. Some were obtained from general practices; one of the two general practices was in Bournemouth, the other one in Deptford. The Bournemouth G.P. had a higher turnover of patients (50 patients completed the forms and this was less than half of those seen in one day by a practice of three). The total number of questionnaires answered was 152; although we hoped for a greater number in this survey we were unable to achieve our target primarily due to the shortage of time and suitable places.

Although a column of "Don't know" was included in the questionnaire to discourage participants from guessing, there were probably some cases where the questions in some sections were merely guesses. When such a case was evident in the presence of the interviewer, the interviewer corrected this appropriately by changing the denoted guess to the "Don't know" column.

It must be emphasised that the answers to each of the terms used in the questionnaire which we considered the most appropriate, may not strictly be the most comprehensive and accurate definition of that term. We felt that in order to make an analysis possible we had to give an "answer"/"definition" to each of the questions; our definitions were the products of much discussion amongst ourselves and several medical dictionaries and textbooks were referred to. In spite of the limitations, the objective of the survey was to discover what most people understand by those terms rather than whether they can accurately define them.

Discussion

A considerable quantity of research has been undertaken to demonstrate and quantify the problems of communications with patients. Romano (1941) was the first to consider the subject when he asked 50 patients to define 60 medical terms often used in bedside conferences but no detailed analysis was presented.

Pratt *et al* (1957) had 214 patients complete a medical knowledge questionnaire together with 89 physicians. The latter were asked to indicate the items that they thought it desirable for patients to answer. The patients, on average, correctly answered 55% of the questions, while the physicians replies showed that the doctors thought it desirable for them to answer 82%. Following on from this it emerged that 81% of the doctors under-estimated the patients' knowledge.

In considering series that examined the understanding of specific medical terms, Plaja *et al* (1968) found that 94.9% of out-patients had "exact knowledge" of the meaning of a "drug or remedy" and 79.8% knew the terms "diarrhoea". In Ley and Spelman's (1967) study: 96.5% chose the correct multiple choice definition of arthritis and 86.1% correctly identified one of the early symptoms of chronic bronchitis as "a persistent cough during winter".

In C. M. Boyle's (1970) series multiple choice questionnaires were completed by 234 outpatients and compared with those by 35 doctors to evaluate differences between their interpretation of some commonly used medical terms.

The questionnaire was in two parts:

(a) interpretation of some commonly used medical terms including heartburn, diarrhoea, palpitation, constipation and bronchitis;

(b) knowledge of gross anatomy of some important organs.

In the results that followed there were significant differences between the majority doctors definition and the number of patients agreeing with that definition in all cases except that of "a good appetite".

In order to compare results between Boyle's series and our own, the questions on the terms "palpitation" and "constipation" were the same in both surveys. The distribution of the results was as follows:

Distribution of definitions of "palpitation"

	Boyle		Ours*
	Patients n = 103	Doctors n = 35	n = 123
1. A feeling of breathlessness—especially when excited	26.2%		11.4
2. A feeling of fright and panic	14.6		8.1
3. A dull ache over the heart	—		4.1
4. A pain in the chest, usually over the heart	6.8		4.1
5. A feeling of the heart thumping inside the chest	52.4	100%	72.4

+ 19 unknown.

Distribution of definitions of "constipation"

	Boyle		Ours +
	Patients n = 107	Doctors n = 35	n = 134
1. Passing a lot of wind by the back passage	5.6%		3.7%
2. Passing loose bowel motions	—		0.7%
3. Passing dark coloured motions	0.9%		0.7%
4. Difficulty in opening one's bowels	59.8%	88.6%	70.1%
5. Not opening one's bowels every day	33.6%	11.4%	24.6%

+ 8 unknown.

In Boyle's series, patients were encouraged to guess answers if they had no knowledge of the term in comparison to our separate "Don't know" column. Results generally implied that the medical knowledge was significantly better than in Boyle's series on palpitation ($X2=17.39$, d.f.=4, $p<0.005$) but the differences on constipation were not significant ($X2=2.84$, d.f.=2, (combining 1, 2, 3)$p>0.10$).

Boyle concluded this survey thus:—

"For the clinician the results probably do no more than formalise and lend statistical verification to his impressions that clinical interrogation often reveals large areas of misunderstanding between conventional medical opinion and the vagaries of the lay mind. This misunderstanding, however, must be identified and evaluated scientifically if techniques such as self-completion medical questionnaires or patient-activated computer programmes are to play a reliable part in clinical medicine".

ACKNOWLEDGEMENTS

We are very grateful to all the consultants and general practitioners who allowed us to approach their patients, and especially to Dr. Deacon in Bournemouth who also administered many of the 50 forms completed in this practice, and to all those who completed forms.

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The Questionnaire

Chronic Bronchitis is:

Bad cough lasting a few weeks each year
Recurring winter cough
Smoker's cough
Cough with phlegm (spit) lasting at least three months annually
Don't know

Diarrhoea is:

Passing more motions a day than usual
Passing loose motions
Passing fluid motions more often than normal
Passing more than one motion a day
Don't know

Constipation is:

Passing a lot of wind by the back passage
Passing loose bowel motions
Passing dark coloured motions
Difficulty in opening one's bowels
Not opening one's bowels every day
Don't know

Nausea is:

Feeling generally ill
Being sick
Feeling sick
Having no appetite
Don't know

Heartburn is:

Pain associated with heart disease
Burning feeling in chest—worse after meals
Any pain in the region of the heart
Feeling in the chest after eating spicy food
Don't know

Abdominal (tummy) colic is:

Abdominal pain associated with flatulence (wind)
A spasmodic abdominal pain, which waxes and wanes
A severe abdominal pain
Any abdominal discomfort
Don't know

Palpitation is:

A feeling of the heart thumping inside the chest
A pain in the chest usually over the heart
A dull ache over the heart
A feeling of fright and panic
A feeling of breathlessness—especially when excited
Don't know

Charles Dickens and the Doctors

G. L. Davies

"Many books have been written about Dickens in recent years. Most of them have dealt with Dickens the man, rather than with Dickens the novelist. One clever writer has exposed him as the embodiment of Victorian hypocrisy: his own Pecksniff, so to speak. Another interprets him in terms of his suppressed desire to be an actor, a life-long yearning to be Vincent Crummles. A third exhibits him as a remarkable specimen of the Wife's Sister complex which has caused the Church of England so much concern. Yet again, a fourth portrays him so forcibly as the great Communist critic of Victorian Capitalism, that one is left with a bemused feeling that *Das Kapital* was written by an economist called Karl Dickens, and *Great Expectations* by a German émigré named Charles Marx who is buried at Highgate. A position has now been reached in which one could very well write a lively book on Dickens without reading a line he wrote."

In which of these categories, as defined by an eminent critic, would the average reader, one wonders, place him. People, one assumes, have always read Dickens for pleasure, though not always, perhaps, uncritically. A span of some fifty years, for instance, separated my two readings of *The Uncommercial Traveller* and on the second occasion I could not proceed with it because I felt convinced that it was not really Dickens who had written it but someone who had "ghosted" him, if that is the correct expression. To Forster, who wrote *The Life of Charles Dickens,* Dickens was the model of kindness and integrity, the friend of the poor and downtrodden, the enemy of cant and hypocrisy and humbug of all kinds.

In *Sketches by Boz* there is a section B on "Anatomy and Medicine", as it is entitled, in which there is some rather faint attempts at humour produced by making play with imaginary doctors' names such as "Dr. Kutankumagen" (of Moscow), Dr. Neeshawts, Mr. Knight Bell (M.R.C.S.) and Professor Muff who related a very extraordinary and convincing proof of the wonderful efficacy of the system of infinitesimal doses. Much fun is made with this phenomenon, and someone in the gathering which was discussing this particular problem asked if, say, the 20th part of a grain of bread and cheese was administered to all paupers, and the 40th part to children it would produce the same satisfying effect as their present allowance. No doubt this would produce the same effect upon the audience as a comment one sometimes sees (or used to see) in brackets, in police court cases ("loud laughter in court"). Perhaps this may be a little reminiscent, too, of the "Infant Prodigy",

the daughter of Vincent Crummles, the circus proprietor in *Martin Chuzzlewit*. This young woman, who had apparently looked the same for many years, was given doses of gin and water every night and kept up late so that she might remain in status quo indefinitely, whatever popular medical authority there might be for that.

As far as we can gather *The Black Veil*, in *Sketches by Boz*, was Dickens's first attempt to portray any aspect of a doctor's life. This is the rather gruesome story of the woman, heavily veiled in black, who called on a young and newly-qualified doctor late at night and requested him to visit her son at 9 a.m. the following morning, despite the fact that he was very ill at the moment. The doctor found the house in a desolate part of Walworth the following morning, and not long after his arrival heard the sounds of some heavy weight being brought into the house. To cut a long story short this proved to be the body of the woman's son, who had been newly executed by hanging. One wonders whether, about the year 1836, it was customary for the relatives of executed criminals to be required, if possible, to dispose of their bodies. One wonders, too, whether the story had some basis in fact. Dickens goes on to mention that the doctor attended this woman for several years without fee from kindness of heart, and later rose to great heights in his profession. Possibly it was merely, in the doctor's case, a story of virtue rewarded.

Dickens's story of Mrs. Gamp, and the incidental reference to Guy's Hospital, is one of his most laughable pieces. "Like most persons who have attained to great eminence in their profession", says Dickens, "she took to hers very kindly, insomuch that she went to a lying-in or a laying-out with equal zest and relish".

"Ah", repeated Mrs. Gamp, "Ah, dear, when Gamp was summoned to his long home, and I see him lying in Guy's Hospital, with a penny piece on each eye, and his wooden leg under his left arm, I thought I should have fainted away. But I bore up". She had indeed borne up so surprisingly as to dispose of Mr. Gamp's remains for the benefit of science. But it should be added in fairness that this had happened twenty years ago, and that Mr. and Mrs. Gamp had long been separated on the grounds of incompatibility of temper in their drink . . . "If it wasn't for the nerve a little sip of liquor gives me (I was never able to do more than taste it) I could never go through with what I has to do. Mrs. Harris, I says, leave the bottle on the chimley piece and don't ask me to take none, but let me put my lips to it when I am so disposed". Does one need to apologise for quoting the immortal Mrs. Gamp for the benefit of those to whom she is now perhaps but a dim memory?

As a youth, then residing in South London, and many years before I went to Guy's or had any hope of doing so, I once made a special pilgrimage down to the Borough for the express purpose of finding Lant Street, the mythical home of the two Guy's students who figure in *The Pickwick Papers*. I well remember the critical moment when I imagined that I *might* be standing possibly somewhere near the spot where those two worthies, Bob Sawyer and

Benjamin Allen, might have lived. Perhaps I was a very imaginative youth, but I was certainly very fond of Dickens. Reviewing those two characters in my own mind after many years, I came to the conclusion that the species about the year 1836 was much what it was a hundred years or so later. Extravagance of dress was, no doubt, to a certain extent "de rigueur" as it probably became many years after I left Guy's when one occasionally saw young men walking about in what would have been "fancy dress" in my day. Describing Benjamin Allen's dress, Dickens winds up by saying that he "presented altogether rather a mildewy appearance, and emitted a fragrant odour of full-flavoured Cubas". The breakfast to which the two students had been invited proceeded "con brio", though Mr. Pickwick was observed to shudder when Allen remarked that there was nothing like dissecting to give one an appetite. The usual student conversation about the "parts" which they were then dissecting went on in the time-honoured fashion until Mr. Pickwick stopped it with the comment "Hush, hush, gentlemen, I hear the ladies".

Charles Dickens died on the 9th June, 1870, at the age of 58, following what his doctor called "a serious effusion on the brain". He had had prodromal symptoms of arterial trouble some five years before in 1865, with the sudden onset of severe pains in his left foot which later spread to his left arm. He continued his readings for the next five years, though, apart from the pain, he sometimes had difficulty in drawing on his shoe. His pulse, too, fluctuated widely, rising as high as 124 on one occasion in 1869 after one of his readings. Paradoxically one might perhaps say, in spite of my title, Dickens, so far as one can gather from Forster's *Life of Charles Dickens,* seems to have had little, if any, occasion for medical attention until the first attack of pain in his left foot. This was, presumably, of the nature of "intermittent claudication" which was followed by a venous thrombosis. Two days before his death he had a sudden severe pain whilst giving a reading, and his last words of rational speech was a request that he should be allowed to be on the floor. Any speech after that until his death was confused and incoherent.

The paucity of Dickens's encounters with the medical profession was, perhaps, a misfortune. Otherwise the fatal cerebral accident which befell him might never have happened as early as it did and was due, to a great extent, probably to his excessive cerebral activity. He was, too, a great walker, insomuch that a friend of his once remarked that wherever he might happen to be he seemed certain to see Dickens striding along furiously and making light of a walk of some dozen miles or so at a stretch.

NURSING

The New Health Service

The last few weeks, have seen more disturbance amongst nurses than is usual for these people. In fact, one could almost say that a point of near mutiny has been reached, such as has never been witnessed before amongst a group of workers who are better known for their total apathy rather than their indulgence in militancy.

The group who are involved, are the more senior members of the profession, and the cause of their malcontent is that somewhat over-discussed subject, the new Health Service.

For some time now, a large number of people seem to have been awaiting 1st April, 1974, in much the same way as certain religious sects await Armageddon. In fact, it will probably turn out to be one of the greatest non events ever experienced.

However, the real cause of the present dispute is the posts for nurses in the new area and regional structure, and, the payment awarded to them. The salary scales were announced a few weeks ago, and nurses found that they had been graded much lower than administrators of other disciplines. Forthwith, there was evidence of great disturbance amongst the ranks of those who would be applying for these positions, and advice was given to the effect that none of these positions should be sought, until an amended pay structure had been formulated.

Presumably some thought was actually put into the pay scales, and the minister did not, one hopes, merely stick a pin into a list of figures at random. Assuming that there was some reasoning attached, it would seem that the decision was reached according to some criteria.

In the first place, the minister could be following the usual governmental policy of considering nurses to be a source of cheap labour, who will not protest despite the indignities inflicted upon them, owing to their strong sense of vocation! This myth is of course, worth perpetuating, in order to continue financing the health service on a shoe string.

Secondly, the rationale could be that it is thought that there are not enough nurses who are sufficiently well qualified to demand a salary as high as the lay administrators. It may of course be true that a great many do not possess academic qualifications which are equal, but they do have a great deal more practical experience. After all who administers the hospitals at the weekends? Furthermore, nurses have always had experience working with actual patients, which no lay administrator has ever done, and it is these people that hospitals are supposed to be serving, despite frequent impressions to the contrary. There is though, a distinct possibility that there will yet again be too many good jobs for too few good people.

The results will be interesting, and it is to be hoped that a reasonable decision is reached. It is refreshing to see nurses stating their own opinion instead of allowing themselves to be completely overridden as is usually the case.

CORRESPONDENCE

Cricket Teas

SIR,—In your sport editorial of 2nd June, one of the "tales of woe" quoted was that of no tea at cricket matches. On behalf of the cricket club I should like to state that we have never had any such complaint about meals at H.O.P., and I feel that an apology to Mrs. Chick would be appropriate.

Yours faithfully,

JOHN REES.
Captan G.H.C.C.

East Wing, Guy's Hospital.

In reply

The intention of the article was to highlight the apparent student apathy towards sport at Guy's and the unwillingness of the students to become involved when approached to play for teams. I regret that the comments may have been interpreted by some as a personal insult to the staff at H.O.P., when in fact none was intended.

G. MOULDING,
Sports Correspondent.

Thamesmead Dentists

SIR,—The attention of my Committee has been drawn to the article "Dental Services at Thamesmead", in your February issue.

My Committee has noted with great concern the last sentence of the article which reads: "It is hoped that in the environment of the Health Centre it will be possible to narrow the gulf of technical excellence taught and demanded by Teaching Hospitals and the day-to-day procedures which create pressures for the general dental practitioner".

My Committee feel that this casts a slur on the 1,400 general dental practitioners whom my Committee represents, as it would seem that there is one standard of treatment provided at hospitals and another, lower, standard of treatment provided by general dental practitioners practising in their own surgeries.

In fairness to my colleagues in general practice, I hope you will publish this letter in the *Gazette*.

Yours faithfully

IVOR DOMB.
Chairman.

Guy's Hospital, S.E.1.

SPORT

SPORTS DIARY

Sunday 8th July, 2.30 p.m. CRICKET
SILHOUETTES, Dormansland, Near Lingfiield

Wednesday, 11th July, TENNIS
METROPOLITAN POLICE, Away.

Sunday, 22nd July, 2.30 p.m. CRICKET
SILHOUETTES, Copthorne, Near Gatwick.

BOAT CLUB

The U.H. Bumps 1973

After an abysmal "Heads" season, the prospects of the Club for the U.H. Bumps were, in many people's opinion, poor. However, the return to the fold of four U.L. oarsmen, one ex-Guy's houseman and one recently convalescent stroke, put new hope into a practically suicidal captain.

The training started, but two weeks beforehand and although a certain technique and rapport was attained, certain portions of rowing finesse looked deemed to remain unserved. Starts were the bugbear, and a member of the crew obviously excited with his new lease of life as a student, treated onlookers to an amazing variety of variations on the theme "How Not To Row". However his experience won in the end and smooth passage ensued.

Starting Head has its advantages. This was well demonstrated on the first night when, a combination of a bad start by Guy's and an early one from our closest rivals brought the latter closer still. The margin by the end of the barges was sufficient to allow penetration of the shorter ends of the electromagnetic spectrum but little else. However, the mutual understanding between cox and stroke saved the day. Thus the St. Thomas's lunges were effectively parried and a comfortable margin was evident by the finish.

The second night also looked grim. One bow-side oarsman, putting his international aspirations before a bumps pot, decided to row elsewhere and, although he found a suitable substitute, the psychological value of his presence was missing. A better start was however obtained, and despite rough water around Brentford Dock, we finished in the same position as we started.

Fruition of our efforts came, however, on the third night. The combination of an experienced and wily pusher-off, in the shape of Mr. N. Bax, plus the concerted effort at the end of the blades, provided a view for the following crew, of a receding shape driving into the evening gloom. Final victory was ours.

Mention must be made, in passing, of the other Guy's crews entered. All rowed with amazing zest and gusto, enjoying themselves despite crew mix-ups, occasional absent oarsmen, and, in one case, the sight of an express 1st VIII completing a double overbump on their rudder.

1st VIII Bow: N. Odom; 2: D. Wright; 3: M. Gleeson; 4: J. Burgess; 5: R. Pinckney; 6: A. Fenn; 7: P. Stuart-Bennett; stroke: A. Chivers; cox: F. Moorhouse.

F. M.

ATHLETICS

University of London Athletics Championships

Winners :

Guy's	81
Bedford	40
Q.M.C.	39
U.C.	35

Factor Cup

Guy's	324

Once again a small but spirited team from Guy's went to Motspur Park and walked off with the honours at the U.L. Championships.

Our team may not have more than a handful of really good athletes but it more than makes up for this in determination to win and adaptability.

Kevin Sheppard, one of Britain's leading javelin throwers, naturally took this event with a throw of 62.66 m. He also won the triple jump, was

second in the discus and third in the shot. Kevin is also to be congratulated on his win in the British Universities javelin with a fine throw of 235 ft. 4½ in.

Nick Avery left his elective for a week-end and came third in the high hurdles, fourth in the 400 m. hurdles and high jump and fifth in the triple jump.

Mike Wink pulled in points in great fashion in the long jump, shot, high jump, 100 m. and 400 m. Barry Jones had a second place in the 400 m. hurdles as did Chris McLaughlan in the long jump. Ever faithful Les Ross came fourth in the 3,000 m. steeplechase and second in the 3,000 m. walk.

Finally, a very unfit captain took second place in the 100 m., 400 m., hammer, third in the 200 m., and scored in the discus.

R.W.T.N.

TABLE TENNIS

Guy's vs. London Hawks

Guy's physiotherapists first heard of the London Hawks (a London club of disabled people in wheelchairs), whilst collecting Green Shield stamps for them in answer to a plea in the Observer Colour Magazine. The stamps (75 books) are going towards buying a special sports wheelchair for the club. We wrote telling them that we were collecting stamps for them and asking them what sports facilities they have. They replied with a challenge to any sport we cared to name.

Tables tennis was suggested and they sent a mixed team to the East Wing on Tuesday, 5th June, where the Guy's physio team spent a long, but very enjoyable, evening trying to return their attacking shots, during singles and doubles matches. The result was five game all.

They left Guy's at 10.30 p.m. threatening a return match at Highbury, their home ground. This was played on Tuesday, 26th June, and proved to be another enjoyable evening with the resulting score of eight games to Guy's and four games to the Hawks.

They have challenged us to a basketball match (with *everyone* in wheelchairs) later in the year and we all found their enthusiasm and courage stimulating.

All contributions of Green Shield stamps will be gratefully received in the box on the 1st floor of Shepherd House.

Team:— Janet Rowell, Yvonne Moragas, Anne Messenger, Philippa Baron, Denise Middleton, Sue Leonard.

Y. M.

TENNIS

The annual fixture at R.N.C. Greenwich took place on Tuesday, 26th June, but unfortunately was rained off half way through. Each pair had played and lost a match, leaving Guy's 0—3 down, but preparing to fight back into the match. However, when the rain came down our enthusiasm was satiated by a vast feast laid before us.

On Wednesday, 27th June, we played St. Thomas's in the League and won 6—3. The first pair, Chris McKenzie and Peter Swiss lost in three sets. The second pair, Nigel Bullock and David Macpherson won in three sets and the third pair, Chris Williams and Rex Yetton, won easily in two sets.

Each player, then played a singles match. Guy's winning three, drawing two and losing one. For once, Nigel Bullock, was getting his serves in and played well, although getting to 5—0 in the second set, he played Cat and Mouse—certainly not tennis—with his opponent, letting him get to 5—4 before taking the final game.

SAILING

The Bumps

The Guy's Sailing Club eight entered in the second division of the Bumps races this year produced some pleasing rowing for its crew members none of whom were regular rowers.

Starting in fourth position on the first night the crew rowed over, closely pursued in the early stages by St. Thomas's VI boat which later fell back. A technical bump was gained over a St. George's boat which collided with the two leading eights.

On the second night the boat ahead bumped very early in the race and Guy's who started in third place, were faced with another row over. It soon became obvious that King's College II who had started in seventh position were rowing extremely well and had very much reduced Guy's lead. Repeated hard rows by Guy's kept them at half-a-length for some time, but after rowing two thirds of the course Guy's were bumped.

Guy's starting position on the fourth night, was moved from seventh to sixth due to the absence of the boat ahead. Guy's IV crew who started seventh provided a good chase and nearly bumped. Later they fell back. The Sailing Club crew went on to bump the Royal Dental Hospital Crew after rowing half the course, finishing in fifth position.

Crew members during the three nights were Paul Lacey (cox), John Ogle Barry Jones, Gordon Yeates, Hugh O'Donnell, Richard Fitton, Richard Kinder, Rod Ingham, John Harker, Nigel King and Trevor Druett.

The Pinta Handicap

On the following Sunday the Sailing Club Eight was again rowing, this time as a Fancy Dress crew in the Pinta Handicap race.

Many hours were spent by crew members manufacturing Viking costumes and fittings for the boat including a Viking prow, shields and a mast. Four girls dressed up as "busty milkmaids" provided support and milk at the stops during the race. Wearing suitable Milk Marketing Board slogans, and variations, on their pinafores, Linda Magill, Val Leathers (Have some extra this weekend!), Pam Johnson (Are you getting enough?) and Juliet Johnstone, who dressed as a pregnant milkmaid (I just couldn't keep my calves together!) exhibited a great enthusiasm and lack of accuracy in delivering the half-pint cartons of milk to the crew.

After some early rowing difficulties, Guy's Vikings entered into the spirit shown by their Nordic forerunners and successfully rowed the course kept in time by the chant "rape and pillage".

The Vikings were awarded the prize for the best fancy dress crew and Val Leathers won a prize as a milkmaid.

The Guy's Viking crew was:—

Phil Meakins (cox), Barry Jones, Paul Lacey, Gordon Yeates, Hugh O'Donnell, Graham Barker, Mark Rowlands, Bruce McCloud, Rod Ingham.

G. Y.

GOLF — PRESIDENT'S MATCH

Tandridge Golf Club Sunday, 10th June

Result: Lost: $3\frac{1}{2}$—$5\frac{1}{2}$

In this, our annual match versus the President of the Guy's Golf Club, we were for the first time this year entertained by Mr. Brain, who succeeded Dr. MacLean after his eight years of office. The venue however remained unchanged, being set in the heart of the Surrey countryside at Tandridge G.C.

The Guy's team having arrived at the course somewhat too early, managed to read most of the Sunday papers from cover to cover and embark on

long tactical discussions before being greeted by Mr. Brain and his star-studded team. The plans, however, were to no avail with the morning foursomes going two games to one in favour of our opponents.

After a traditionally well "lubricated" lunch, and Dr. MacLean having completed his "book" giving mostly even odds on the afternoon singles, play recommenced.

In the top match our captain Richard Ibbertson, found the local expert Dr. Cockerill, a little too good for him, whilst Mike Breen, was once again outplayed by ex-Walker Cup golfer Martin Christmas. Chris Grant, after being slightly ahead for most of the match against Professor Cohen, tired at the end and was fortunate to get away with a half.

With the match swinging strongly in favour of the President, it was left to Mackenzie and Bray to follow up their doubles success of the morning with further wins. Edward Bray, after taking an early three up lead in his match against Dr. MacLean had to weather a typically resilient fight back by his opponent before hitting some fine shots to get home for a three and two victory. Chris Mackenzie playing the Old Boy's blue Dr. Bevan-Jones struck the ball extremely well all afternoon maintaining a firm grip on his match to win three and one. In the final match Larry Culliford had a closely contested game against Mr. Brain but eventually succumbed to a seventeenth hole victory for the President.

The match having been decided in the favour of the President's team by $5\frac{1}{2}$ matches to $3\frac{1}{2}$, the players adjourned to Purley, where we received a very fine meal prepared by Mrs. Brain, to whom we extend our warmest thanks.

Ted Bray and Chris Mackenzie stayed sober this year, and Chris appeared very happy after collecting his "pound of flesh" from the "book" following his two victories.

E. C. B.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Trainee Registrar** in the Department of Diagnostic Radiology with duties to commence as soon as possible until 30th September, 1974, in the first instance. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Locum Senior Registrar** in E.N.T. Surgery, commencing on 1st October, 1973, for the period of six months. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar in Geriatrics** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board (Brighton and Lewes Group of Hospitals) with duties to commence as soon as possible until 30th September, 1977. The appointment will commence in the Guy's Hospital Group of Hospitals and the successful applicant will spend two years in each Hospital. Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** in Psychiatry at St. Olave's Hospital for the six months period beginning 1st September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** in Neurology for the six months period beginning 1st September 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** in Gynaecology at St. Olave's Hospital for the period of six months commencing 1st September 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **20th July, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** for the Rheumatology and Rehabilitation Unit at New Cross Hospital for six months from 1st September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **20th July, 1973.**

DUNHILL DERMATOLOGY
RESEARCH FELLOWSHIP

Applications are invited from medically qualified persons with a degree registrable in the United Kingdom who have an interest in Dermatology or Science graduates whose research can be applied to Dermatology. This appointment will be of Lecturer status with an N.H.S. grading of Registrar for one year. Salary will be in the range of £2,787—£3,444 with Superannuation. Application forms are obtainable from the Dean, Guy's Hospital Medical School, London Bridge SE1 9RT, and should be returned not later than 19th July, 1973.

GUY'S HOSPITAL BOARD
OF GOVERNORS, ST.THOMAS'
HOSPITAL BOARD OF GOVERNORS
AND THE SOUTH-EAST
METROPOLITAN REGIONAL
HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar in Thoracic Surgery** to the Boards of Governors of Guy's Hospital and St. Thomas' Hospital and the South-East Metropolitan Regional Hospital Board (Brook Hospital) with duties rotating between the three hospitals to commence on 1st September, 1973, and subject to annual review. The appointment will be made jointly by the bodies concerned.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT., not later than **13th July, 1973.**

HOUSE APPOINTMENTS

Applications are invited for the following house appointments due to begin on 1st September, 1973. Forms of application are obtainable from and should be returned to Mrs. Webster, Medical Staffing Officer, not later than 20th July, 1973.

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to candidates seeking their second six months' appointment.

House Physicians .. .. **(3)**
House Surgeons .. .. **(3)**
Throat and Ear House Surgeon .. **(1)**
Gynaecological House Surgeon .. **(1)**
Orthopaedic House Surgeons .. .. **(3)**
(Including duties at New Cross Hospital)

The following house appointments will be for six months and will be open to candidates who have already completed their first six months' appointment at Guy's or elsewhere.

House Physician .. .. **(1)**
House Surgeon .. .. **(1)**
Genito-Urinary House Surgeon .. .. **(1)**
Thoracic House Surgeon .. .. **(1)**

ST. OLAVE'S HOSPITAL

House Surgeon (pre-registration) .. .. **(1)**
Preference given to second six months' candidate.

NEW CROSS HOSPITAL

House Physician in General Medicine with Rheumatology and Geriatrics (pre-registration) .. .. **(2)**

OUTER HOSPITALS

Preference will be given to second six months' candidates for the following posts, but first six months' candidates may apply.

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Elliott (General Medicine), Dr. Colover (Neurology) and Dr. Van Grutten (acting consultant in Dermatology). .. .. **(1)**

House Surgeon to Mr. Williams and Mr. Park (Urology) for three months, then to Consultant Surgeon (General Surgery) for three months. .. .. **(1)**

House Physician to Dr. Bassadone .. **(1)**

MILLER HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson .. .. **(1)**
House Surgeon to Mr. Candy and Mr. Eldin .. .. **(1)**

ST. HELEN'S HOSPITAL
HASTINGS

House Physician with Geriatrics .. **(1)**

HITHER GREEN HOSPITAL

House Physician to Dr. Blackledge and Dr. Llewellyn Smith .. .. .. **(1)**

LEWISHAM HOSPITAL

House Surgeon to Mr. Le Brun .. .. **(1)**
House Surgeon to Mr. Cavendish .. **(1)**
House Physician to Dr. Llewellyn Smith **(1)**

PEMBURY HOSPITAL

House Surgeon .. .. **(1)**
House Physician .. .. **(1)**

BECKENHAM HOSPITAL

House Surgeon .. .. **(1)**
House Physician .. .. **(1)**

PASS LIST

THE CHARTERED SOCIETY OF
PHYSIOTHERAPY

May, 1973 Examinations

Preliminary
Abraham, J. E. Miss
Buckler, R. J. Miss
Boothby, P. A. Miss
Crocker, A. C. Mrs. (née Dickens)
Dunster, B. S. Miss
Hiscutt, G. S. Miss
Kinder, E. J. Miss
Lee, P. A. Miss
McCabe, D. D. Miss
McCaig, S. M. Miss
Messenger, A. P. Miss
Moragas, Y. Miss
Parr, L. M. Miss
Pearson, A. S. Miss
Stott, J. W. Miss
Whittingham, F. H. Mrs.

Intermediate

Aitken-Davies, S. E. Mrs. (Credit)
Auld, P. A. Miss
Blight, J. S. Miss
Bucknell, C. I. Miss
Clark, E. J. Miss
Crampton, G. R. Miss
Hadden, A. C. Miss
Hughes, P. A. Miss
Jenkin, R. A. Miss
Johnson, P. J. Miss (Credit)
Langford, R. M. Miss
Sevitt, A. D. Miss
Sykes, G. J. Miss
Taylor, S. J. Miss
Wright, M. N. Miss

PAPER BY GUY'S MAN

Auditory Perception, J. A. M. Martin and Dorothy Martin, British Medical Journal 26th May, 1973.

DEATH

BRADLEY-WATSON — On 11th June, 1973, at his home in Norwich. Hugh Bradley-Watson, L.D.S., R.C.S., Eng. 1934.

CHANGE OF ADDRESS

H. Gordon Ryder Esq., L.D.S., R.C.S., Eng. June 1922. 175 Kawai Street, Nelson, New Zealand.

Maureen and Andrew Winskill have moved to "Oakway", Paddockhall Road, Haywards Heath, Sussex. RH16 1HQ.

PERSONAL

CATERHAM — SURREY. FLAT FOR SALE (LEASEHOLD 995 years). Modern maisonette. Large lounge narrowing at dining end. Fitted kitchen. 2 bedrooms, *bathroom/w.c. Telephone. Separate garage.* Lovely views over Harestone Valley. £12,475. Apply Miss Oppitz. Extension 665.

EXPANDING East Sussex Market Town. Due to pressure of work Guy's principal requires Assistant Dental Surgeon. Newly-qualified welcome. Happy atmosphere. Please write:— Walden House, 64a High Street, Heathfield, Sussex, or phone Heathfield 2641 (day) or Eastbourne 25973 (evenings).

BLACKHEATH. Spacious 2 bedroom first floor flat in fine early Victorian house. 21 foot living room, modern K & B, full gas central heating, ample storage, large garden. 90-year lease £14,950. Tel.: 852-2048 and 837-0266. Redfern, 10, Lee Terrace, London. S.E.3.

MENORCA. Cala'n Porter. Cliff top villa, sleeps 4. Available 10th August—24th August and 21st September—12th October. £69.50 per person, per fortnight, including flight and car. Also available for long winter let November—March. Rent £5. per week. Box No. 3/3.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2217

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Everyone is always saying that "things ain't what they used to be". However, to quote from some correspondence relating to the Athletics Club in the *Gazette* of 20th June, 1874 :—

"We regret to learn that there will be no Guy's Hospital Sports this year owing to the fact that only 13 competitors have entered their names for 10 events.

"It certainly seems to us astonishing, to say the least of the matter, that out of 400 students a sufficient number of entries cannot be obtained to hold our own sports.

"We trust that the gentlemen who have the direction of the Athletic Club affairs will investigate the cause of such a want of heartiness and co-operation amongst the students. If this state of affairs continues we can never hope to win the challenge shield again."

This was written at a time when Guy's had already won the Inter-hospital's Athletics Shield four times (1867, 1871, 1872) since its inception in 1867 and were to win it again in 1877 and 1878. In fact H. A. Munro wrote in his history of the Club in 1925 that "In the seventies Guy's did very well. The moon of Athletics was at its full." Apparently the Lillie Bridge ground where the United Hospitals Sports took place used to be thronged with carriages and spectators, as many as 10,000 watching the event. Perhaps the writers of that letter in 1874 can rest assured since in 1973 the Athletics Shield was won by Guy's for the tenth year in succession.

A further extract from a Cricket Club meeting recorded on 7th March, 1874, says, "Last year the First Eleven played nine matches,

of which they won three, lost five, one being drawn. The Second Eleven played two, winning one and losing one. They were to have played two more but several men scratched their names at the last moment, a proceeding which compromised the club and placed the secretary in a most disagreeable position. He pointed out how some of the matches had very probably been lost through two or three men not turning up, remarking that it was an insult to the opponents to go into the field with only eight or nine men, and he especially regretted that some men had even neglected their hospital to play for other clubs, while others of the Second Eleven, if once required in the First, owing to a little paltry pride would not play again except in the First Eleven." It is remarkable that one hundred years later the same sort of phrases are being applied to some clubs in Guy's as if they were headed on the inexorable downward path. It is interesting to note that by 1884 Guy's had won the Hospital Cup for cricket, which by then had been in existence for two years, having been won in both those years by King's. During the next 10 years Guy's won the Cup nine times, only St. Thomas's breaking the winning sequence in 1889, although three years previously they had succeeded in depriving Guy's of the right to buy the Cup outright, when the latter had won it three years in succession, on a technicality. However, as if to prove their point Guy's won it again in 1887!

Before concluding it is appropriate to mention what must be the "Heyday" as far as Guy's sport is concerned, that is the period immediately following the First War (i.e. the early twenties). The Rugby Football team of the years 1919-1923 was quite exceptional; they played 123 matches of which they won 87, drew 8 and lost 28, winning the Hospitals Cup in all four years. For three of those seasons the side was lead by W. D. Doherty, who was in one season Captain of Ireland, Surrey, United Hospitals and Guy's. At the same time the Boat Club was winning the Inter-Hospitals Cup with great regularity; when they won in 1927 that was the eighth successive win. In 1923 the Lawn Tennis Club won both the Senior and Junior Cups, while the Association Football Club won four out of five times. In these years the Cricket, Athletics and Boxing Clubs were all successful.

Now in 1973 the cries of "lack of heartiness", student apathy towards sport, and all the other protestations which were voiced in 1873 are here again. It never used to be like this when I was a student, says the ageing sportsman : the only trouble is that he is not old enough! Perhaps the prophets should rewrite the next Fifty years with the hind-sight of the 1920's instead of the pessimism of the early 1870's.

P. Calvert (Ex-Sports Editor)

"Afore ye operate"
Remember glass shows on X-rays

THE
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NEWS IN BRIEF

GORDON MUSEUM

An innovation in the Museum is the provision of a Reading Room. This has increased the space available for private study within the Medical School and can accommodate 48 students.

The Reading Room will be open during the normal Museum hours—9 a.m. to 5 p.m. Monday to Friday. There is also an extensive display area on the side walls, which will be used for the monthly surgical exhibits and pathology quizzes. It is, of course, available for any other displays, such as the Art and Photographic Societies.

If there are any constructive suggestions for the improvement of this, or any of the services provided in the Museum, please pass them to the Curator's office.

DENTAL SOCIETY

Following recent elections, the Managements Committee for 1973/4 is as follows:

President—Prof. T. Lehner. *Vice-Presidents*—Mr. D. Gibb, Prof. M. N. Naylor, Mr. L. Usiskin.

Hon. Secretary—M. D. Morris. *Hon. Assistant Secretary*— Miss R. Lamersdorf. *Hon. Treasurer*—R. Glazebrook.

Staff Representatives—Dr. D. Brown, Mr. R. Johns, Prof. D. Neill, Mr. B. Roberts, Prof. A. H. R. Rowe, Dr. J. Osborn.

Clinical Representatives—Miss R. Terry (2nd year), D. McMillan (3rd year), Miss M. Hooley (4th year).

Hon. Dinner Secretary—Miss F. Marsh. *Hon. Assistant Dinner Secretary*—N. Jones. *Hon. Ball Secretary*—H. Thomas. *Hon. Assistant Ball Secretary*—J. Harker.

"Meetings are held once a fortnight during the winter and spring terms, at which papers are presented by students on dental or allied subjects." This quote comes from the Dental School Prospectus and is inaccurate and out of date. Rule 2 of the constitution states: "The objects of the Society shall be the consideration of matters related to Dentistry and to further the social life of the dental students of this hospital".

The Dental Society was founded in 1894 and over the years the Managements Committee has assumed responsibility for a whole variety of activities. I will mention a few of them.

1. The Managements Committee is the direct link from the students to the Dental Council. Several members of staff sit on both the Managements Committee and the Dental Council, as does the Hon. Secretary. Any student who has grievances or suggestions about the curriculum, equipment or conditions, for example, can have the matter brought to the attention of the Committee. It can then be passed on to the Dental Council if necessary, or dealt with at the

Managements Committee. If you have anything you want to "get off your chest", do so by telling your representative, or anyone else on the Committee.

2. A series of lectures by guest speakers is arranged. Although well publicised, these are often poorly attended. Last year in particular several excellent speakers suffered an audience of under twenty. Why is it that a speaker can lecture to one hundred people at one London hospital and then come here a few days later and speak to twelve? Why is it that, only a few years ago, every lecture was attended by over fifty? This year make a note of the lectures and come along; you may even enjoy them.

3. The Dental Dinner, at which a lot of graduates and a few students get drunk.

4. The Dental Ball, at which loud music is played, and a lot of students get drunk.

The Managements Committee should be the mouthpiece of the dental students. It cannot and never will be, unless you make use of it.

D. M. Morris,
Hon. Sec., Managements Committee.

NURSING

We apologise for the absence of the Nursing article this week. Miss Jefferies is entertaining the examiners and we wish her the very best of luck.

GUY'S DIARY

JULY

20	F	1.00 Clinical Lecture. Dr. CHANTLER. "Renal Function Tests"
24	Tu	1.00 Clinical Lecture. Professor POLANI. "Sex Development; some experiments of Nature with Sex."
27	F	1.00 Clinical Lecture. Mr. O'FLYNN.

WHAT ARE DOCTORS

As a naval doctor, you'll normally serve for five years on a Short Career Commission, some of the time at sea and some on land.

Naturally, you'll travel.

And you'll also be a naval officer.

AT SEA

You can expect to get to sea as a Surgeon Lieutenant within six months after registration. Probably, you'll be the only doctor in your ship. In a frigate, for example, you'll have some 300 men to take care of. And you'll be responsible for all their medical needs, from a cold in the nose to tropical illnesses.

To help you, there will be a qualified staff on board. And your medical quarters will be small but modern and well equipped. (In some cases, including an operating theatre.)

Your practice, however, won't be confined to your ship. If there's a natural disaster anywhere within a thousand miles, you could get involved in relief work. If there's an accident at sea, you could be taken to it by helicopter.

Often, you'll have to rely entirely on your own resources. So the work can be difficult. But it will certainly be varied.

ON LAND.

Usually, you'll spend more than half your time with us on land. Either at home or overseas – in Europe, the Mediterranean and even as far afield as Mauritius or Hong Kong.

You'll be doctor not only to the naval personnel, but when abroad to their families as well. General practice, in fact, with the advantages of naval pay and a ready made naval social life.

If you're sent abroad, and you have a family of your own, you can take them with you at our expense. We'll help with accommodation (at very reasonable rents), and we can give you educational allowances for your children.

DOING IN THE NAVY?

SPECIALISATION.

When your 5 years with us are up, you can leave with a tax-free gratuity of around £1,200. Or you can stay with us, either for a full career or for a 16-year pensionable commission. You would then have the opportunity to specialise and to do post-graduate studies on paid leave.

At Haslar, near Portsmouth, we have one of the best equipped teaching hospitals in the country, with departments in many of the major specialisations, each headed by a naval consultant.

Or you might, for example, be interested in carrying out research into such specialised fields as nuclear, aviation, and underwater medicine. The Institute of Naval Medicine at Alverstoke provides unique research and academic facilities, with regular seminars and symposia.

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After you've passed your second MB or its equivalent, you can be awarded a Naval Medical Cadetship. Which means that we'll pay you £1,898 a year and most of your expenses while you qualify.

When you qualify, you can spend your pre-registration year either in your hospital or one of ours.

After that, we'll promote you to Surgeon-Lieutenant, you start your 5 year commission, and your pay goes up to £3,942 a year.

As you can see, you'll have a great deal of interesting work to do.

We'll also give you a chance to look over our ships and hospitals before you apply.

And you can, if you like, go on a two day visit to find out something more about the Navy.

For details, write to:

Surgeon-Commander L. C. Banks, M.B., B.Ch., R.N., (26AC), Department of the Medical Director-General (Navy), Empress State Building, London S.W.6.

RN
ROYAL NAVY

New Appointment

Major-General N. C. Rogers

Guy's has been fortunate to obtain the services of Major-General N. C. Rogers as Director of the Accident and Emergency Department. He qualified at St. Bartholomew's Hospital and after a distinguished army career during the war he returned to St. Bartholomew's. He became senior surgical registrar at Norwich and later at Birmingham. He then returned to the RAMC and finally in 1969 became Director of Army surgery and honorary surgeon to the Queen. He brings to the Accident and Emergency Department at Guy's a wealth of experience of all aspects of medicine and we wish him well as he takes up his appointment this month.

Ian McColl,
Department of Surgery

THE DENTISTS IN MY LIFE

I did not come out of my first encounter with a dentist with flying colours; indeed, it was a non-event.

The whole family knew that I had a loose tooth, and while my fingers and tongue were busy trying to dislodge it, horrifying suggestions were made as to how to extract it. My father thought he should try with his household pincers, while an elder sister suggested the time-honoured method of tying a cotton round the tooth and the other end to the handle of an open door which she gaily volunteered to shut. At this point my mother firmly announced that she would take me to the dentist. She sat me on a chair, put on my high buttoned boots and a warm coat and placed a woollen scarf round my neck to protect the gap from the cold on the return journey. We set off together, but I already had misgivings.

To me the dentist was an ogre, for my eldest sister had recently been in his clutches and had come home half dazed, and with empty, bleeding gums and a complete inability to speak properly. Some weeks later, a tumbler had appeared in the bathroom every night from which her artificial teeth had glared at me. However, my mother and I arrived only too quickly at the dreaded house and found several other people in the waiting room. No need for appointments in those days, you simply went to the dentist when you had toothache and the offending tooth was drawn for half a crown. As I sat next to my mother, constantly fingering my loose tooth, suddenly a terrible, bloodcurdling shriek came from the next room. It took only a few seconds for me to bolt from the house and start running for home, followed by my surprised mother. She pulled the tooth out for me as soon as we got there.

There were no regular examinations or check-ups in those days and I was lucky enough not to have any further trouble until I was about 15. The intervening years had given me a certain amount of self control and I was a solemn teenager when I next visited the dentist. The family had left the rough hands of the suburban practitioner and I was now taken to one in High Holborn. His manner was urbane and kind, but firm, and his method was conservation rather than needless extraction. Gritting my teeth, figuratively, and inwardly reciting all the poetry I could remember, I sat in the chair and allowed him to drill and fill without apparently showing signs of the inward panic. As he conducted me back to the waiting room, he expressed the wish to my mother that all his patients were as quiet and calm as her daughter. I reckoned the score at one all.

Early morning sickness was followed during my first pregnancy by toothache and a swollen face. The female elders of the family gave their verdict—a tooth lost for every baby born. I decided to limit my family. Nevertheless this did not resolve the immediate situation. A pleasant young dentist in our new suburb examined me and made an appointment to extract the tooth with gas. Here was a new obstacle to be surmounted and the thought of being rendered unconscious filled me with apprehension. However, my reluctant feet

finally took me on the appointed day and with a cheerful "See you in a few minutes" from my sister, I went into the surgery. The apparatus looked complicated and heavy as I obeyed instructions to breathe deeply into the horrible contraption. The singing in my ears grew louder and louder and I was listening to my own breathing through a mighty rushing noise. I opened my eyes to a world I seemed to have left a long time ago and the dentist's "Rinse, please" brought me back to life. It was only eight minutes since I had left the waiting room.

If I had dreaded visits to the dentist before my children were born, it was nothing to the thought of exposing them to the terror and pain which I was sure would overcome them. I was convinced, as what mother is not, that they were particularly sensitive and highly strung, so it was with misgiving that I took them to the surgery of a dentist who was reputedly "good with children". He lived up to his reputation and his nurse was even better. There were no difficulties and the treatment was given and received with equanimity. But what was far more interesting to the children than the dentist or his nurse was his lavatory. The first visit was a precautionary one but subsequently it was for pure enjoyment that they stumped upstairs to see the beautifully decorated blue and white lavatory pan, the highly polished mahogany seat that stretched from wall to wall and, best of all, the intriguing handle which one lifted to open a little trap door through which the contents of the pan disappeared. It was so much more exciting than pulling a chain!

The years went on. Different dentists, different methods, different lavatory pans, but always a pleasant relationship, a mutual trust that survived even braces. I no longer have to take anyone but myself to the dentist; my grandchildren are their parents' responsibility, not mine. I go less often now, as dentures have replaced extracted teeth. Incidentally, if the old wives' tale had applied to grandchildren, I should have more gaps than I care to contemplate. The sophistication of today with aseptic equipment and the high speed drill is far removed from the clumsy half crown extractions of my youth.

But I look back with gratitude to the men and women who have eased my pain and calmed my fears. I remember a period of treatment during the blitz when we wondered, the dentist and I, as I made my next appointment, whether we should both be there to keep it. I remember the understanding and encouragement when my first dentures were fitted. I remember with deep gratitude in the days before the antibiotics the dentist who rose from his bed near midnight and together with our doctor gave emergency treatment to my husband thereby preventing a possibly fatal infection from spreading to the bloodstream.

And so, in the person of my dentist today, who is, as it were, the amalgam of those who have gone before. I salute the profession and give thanks to the dentists in my life.

Cynthia Harris.

100 Years Ago

Saturday, 12th June, 1873

LANDLADIES v. STUDENTS

Perhaps there is no subject which comes so near home to a student as that of lodgings and landladies.

I am not going to blackguard landladies in general, nor any landlady in particular, I am merely going to state certain facts that have occurred in my experience of lodgings. Some landladies are good old souls who take an interest, sometimes amounting to maternal affection in the student who is lucky enough to fall into their hands. They take care of him and of his things, darning his stockings, and sewing buttons on his shirts all for love; they can even so far overcome their natural prejudices as to dust down bottles containing "them 'orrid speciments". In return for this, perhaps they get doctered for the rheumatism, or chronic bronchitis, to which they are martyrs, and for which they think no one so competent to prescribe as their lodger. To students who have fallen into such good hands, I can only say, stay where you are and be thankful.

I believe students as a rule, are wanting in business habits. Some come straight from a home in the country where matters of pounds, shillings, and pence scarce entered their heads. Others come straight from school, and are innocent of the price of groceries. They receive and pay their weekly lodging bill served up on a dirty scrap of paper, without ever looking at the figures, other than the total at the end, and such items as "use of mustard, 6d.", would entirely escape their notice.

I think that the ideas common afloat regarding rapid disappearance of tea and sugar, wholly unaccounted for by the lodger's own consumption, are erroneous. I do not think students come across many landladies who would absolutely walk off with their goods in a direct manner; where goods disappear, the act of their removal must have been some extenuating circumstances, connected with old established landladies' customs, which to a landlady's conscience place a vast line between the removal of such goods and stealing. To go to a lodger's tea caddy, and abstract tea therefrom would be stealing. I do not think that the landladies students come across, would do such a thing —at least such is my experience; but to place such a quantity of tea in the lodger's teapot, that it will bear another brew when he has done with it, is quite another question. Curious ideas are also prevalent amongst landladies as to the desirability of the lodger having a new loaf every morning, and never again wishing to see the remains of yesterday's. The existence of this notion was brought forcibly to my mind by one of my landladies regaling me with a full and complete account of the social habits and customs of the lodger upstairs. Amongst other things, she complained of his great love of smoking, not that she minded the smell of the smoke, but Mr. ———— did smoke so much that it affected the flavour of the viands on his table, insomuch that "the children would not touch a bit of anything that came out of his room". Happy Mr.————! An Old Bird.

Supermarket Shopping Shoulder Syndrome

A. S. Woolstone

It was at the Guy's end of London Bridge that John Ryle introduced his new firm to clinical medicine. I don't think that there were more than five of us in the group, and he was giving us a lesson in observation. We were to pay special attention to anything we spotted about the people as they passed by on their way to work: the way they walked, the clothes they wore and how they wore them; their hair; the colour of their skin and the look in their eye. All this and a lot more were points for later discussion. No doubt is was teaching such as this which stimulated Dr. Conan Doyle to create Sherlock Holmes. This lesson I have never forgotten and even to this day as a patient enters my consulting room there is often some little sign that tells the story before he has said a word.

Sitting on a bench in a busy pedestrian street watching the world go by, I was hit by the sad tired faces as the shoppers dragged themselves and their overladen shopping bags homeward bound.

I could see their hands gripping tightly to the string handles with elbows slightly flexed bringing the opposing action of both biceps and triceps as well as other muscle groups simultaneously into play. At the same time I could see the forces of gravity imposed on the shoulder girdle being taken up by the powerful neck muscles from which it is suspended. I could feel the dragging on the tendon of the long head of biceps as it passes along the bicipital groove over the joint line to its attachment above the glenoid cavity.

It is here that this tendon is most likely to be damaged and produce a synovial reaction from the joint capsule with which it is anatomically intimately involved. The presenting symptom paid is made worse by movement and loss of range which is limited to the degree where hair brushing or shaving become a physical impossibility. Synovitis is present and the joint is swollen but this is not obvious at first glance because of the large muscles that cover the joint. That the whole shoulder was enlarged becomes plain as the condition subsides and natural creases reappear. Sometimes there are fleeting symptoms of numbness of the little finger suggesting involvement of the brachial plexus, perhaps due to pressure from an enlarged joint capsule or, more remote, the cervical spine. Maximum tenderness can be elicited over the long head of biceps tendon as it passes along the intertubercular sulcus.

If left alone the condition usually subsides but many months may pass before recovery is complete. Spectacular results can sometimes be achieved with a stereoid injection into the site of maximum tenderness, but a warning should be given that pain may increase during the subsequent twenty-four hours and it is wise to carry out this treatment in the morning in order to avoid the possibility of an emergency night call. Ice cold compresses as described in "Advances in the Treatment of Professional Footballers"—Woolstone, Guy's

Gazette, 8th May, 1971, are a useful form of treatment and can be used on their own or as a supplement to injection therapy.

Prevention is better than cure, and I strongly advise that shopping bags should be replaced by those funny little wheel trollies that the wiser and more experienced shoppers use. Some, of course, may prefer to carry their load on their heads with advantage to grace, posture and deportment.

No doubt what has been said will cause the anatomists to raise an eyebrow, but what is certain is that it is worthwhile to stop for a moment and take a seat and just watch the world go by. "Think on it" as they say in this part of the world.

CORRESPONDENCE

Qualities and People

SIR—As an "old timer" and a recent patient may I add my agreement with Dr. Erskine in his recent letter to your *Gazette*.

While deploring changes which lead to less personal and efficient services, are we not considering the results and not the cause of these changes?

With increasing governmental control and welfare easy money for which one does little, less or no work at all, people are less inclined to work, giving staff shortages in spite of there being more people to do it in overpopulated Britain. In a nation where everything is done for you, why should they? There is no need to even think if you don't want to—many don't.

People have changed. Education has changed. Children do what they "feel like" in school—one in six cannot read or write. Adults more able will not undertake work which does not satisfy their intellectual levels unless they are paid highly for so doing. The anomalies in governmental largesse are *enormous*.

What are you to do with a "Miss" in charge of a ward who, in replying to a doctor needing to know incidents in a patient's condition, said 'I don't know, I wasn't on that shift".

Vocational presumably means selfless devotion. How much in the past the willing horse was misused, thus creating a feeling of resentment, is difficult to estimate but it certainly has a bearing on the present scramble for less work and more and more affluence. What is not estimated generally is the benefit of satisfaction and contentment personally experienced from a job conscientiously and capably carried out.

In this age of more and more governmental controls, personal freedoms and attentions are fast receding into the past. There is little doubt that the disbanding of the Medical Superintendent and Board of Governors at Guy's is a retrograde step in personal relationships.

Ministry of Health directives are not always far-seeing or knowledgeable of the needs of the profession or its service to the public; these bureaucratic bodies largely run on expediency subjected to Party Political gambits.

It has been said recently "Progress is an adaptation downwards". God preserve us from politicians and shortsighted planners!

Yours, etc.

M. S. GRIFFITH.

"Moonrakers", Mawgan Porth,
North Cornwall.

Dissatisfied Resident

SIR,—I have a personal story to tell which I think may be of general interest.

My wife recently went to take charge of a busy medical ward as a senior staff nurse while the new sister was awaited. When the new sister arrived this would usually have meant that my wife would work opposite shifts to her but this would have given her the opposite weekends to myself who, as a senior house officer, has only alternate weekends off, which cannot be changed. Since before my wife went to the ward a staff nurse had been running the ward successfully without sister or senior staff nurse, it was proposed that this girl should work opposite sister to allow us at least two days together each fortnight.

This arrangement would have suited all the ward staff and would have provided perfectly adequate care for the patients, but the nursing administration were unable to agree to it. My wife's pleas that their refusal to allow this would prevent her from seeing her husband for more than a few hours each week were ignored and she was told that "it may work in practice but it looks bad on paper"!

My wife's attempts to gain help higher on the administrative hierarchy met with no success and for her sake and for the sake of our marriage, I am glad that she has resigned from her post, but, for the sake of Guy's and the National Health Service, I am not at all pleased.

Those who know my wife will know that she is an experienced, reliable nurse who has given the hospital a number of years of good service and yet the present administration would rather lose her than help her with a perfectly reasonable request.

I have not gained the impression while working at Guy's that we are exactly well provided with good qualified staff and the increasing influx of agency nurses must be very expensive for the National Health Service and detrimental to the quality of patient care.

If I thought that my wife's was an isolated case I would not bother to write but I have become increasingly disturbed by the way nurses are treated at Guy's and especially by the lack of sympathy for married nurses who should be encouraged to continue working to help maintain the quality of Guy's nursing and not positively discouraged as they are at present.

I hope those who share these views will speak up and let themselves be heard, for private grumbles must be made public protest before the ostrich of nursing administration will shake the sand from its eyes and ears.

Yours faithfully,

NEIL BARBER,
Resident Obstetrican.

14B St. Thomas Street,
S.E.1.

A Wonderful Friend

SIR,—In 1969 it came to my knowledge that Professor Polani's Paediatric Research Unit was in urgent need of equipment to assist in finding out about cell abnormalities in children.

I accordingly approached a good friend of mine, Mr. Joseph Levy, who devotes his life to the welfare of sick children. An immediate response of a handsome cheque from the Joseph Levy Foundation was forthcoming.

In 1971 and again this year further sums were donated by the Foundation to the Paediatric Research Unit, each year the amounts being substantially increased. Mr. Joseph Levy, to whom we all express our grateful thanks, has become a truly wonderful benefactor of Guy's.

Yours sincerely,

9 Fairacres, Roehampton Lane,
London, SW15 5LX.

LYDIA FRANKS.

Examens is Icumen In

Lhude Sing Goddam

SIR,—It is with some trepidation that I enter your columns again but, faced with a Passim about exams which was patently well-meaning, but which got almost every single important statement wrong, I could not resist temporarily rejoining the South Bank Literati of the *Gazette*[1].

First let me challenge your immensely mistaken statement that "those who are out to abolish (exams) have yet to come up with an effective alternative". On the contrary, effective alternatives abound. The central problem is rather institutionalised hang-up about exams and grading. We have been trained from early youth, more thoroughly than any of Pavlov's dogs, to jump through the hoop for marks, and to salivate at the presentation of a diploma. Entranced and mesmerised at the very high degrees of pseudo-accuracy which we can achieve by orthodox exams we have happily accepted our ability to measure qualities and abilities we have never bothered to define, by grossly imperfect instruments, with a highly false accuracy. I know schools which award marks like 78.35% in Histology, and treat the happy recipient as if he is inherently different from the obviously inferior character who gains only 77.63% in the same exam.

Teachers are also fond of using examination techniques with a reliability not significantly different from pure chance, to separate students whose intellectual abilities are so alike as to be almost clonal, into two groups, hardly distinguishable by any means. This is known as "separating the sheep from the goats", an activity from which some teachers derive quite inordinate pleasure. When the process results in the "goats" who we have failed to inspire, interest or improve, having to leave university—it is known as "weeding out the undesirables".

I know schools where marks in different subjects are added together and averaged, to produce a "global assessment" (and something broadly similar is done at Guy's with sign-ups)—yet I know of no proposal to make "global assessments" of our patients by adding together their haemoglobin, urea, potassium and glucose levels, and taking the average. Yet it is no less logical.

Your Passim advances the interesting but wholly unproven idea that the "obvious" answer to standardising medical care in this country is by examination.

As I have demonstrated at some length elsewhere, in my book, the idea that graduating or post-graduate exams get or maintain "standards" is pure myth —the more so as no one has yet succeeded in defining these mystic standards that we all spend so much time, money, and human suffering in maintaining. You reject the idea of continuous assessment, because you can't see "how any two hospitals can correlate with one another in this respect". Why on earth should they? What evidence have you that there is any significant correlation between hospitals produced by the present exam system, except in the pathological effects that the exams have on the students' personal and intellectual lives? In any properly designed system of continuous assessment, such as those operating with great success in several medical schools, it is a very great deal more difficult for a student to get good assessments by simply being attractive and creepy than it is in the present system. If you don't think your marks in the finals and in post-graduate exams are affected by such factors—try turning up for the exam with long, dirty hair, no shirt, tattered embroidered jeans and boots—and knowing all the answers—and let me know how you get on.

Since medicine is a practical subject and students can't get practical experience before qualifying, you opine they must be assessed by an examination. This is a string of pure non-sequiturs. The material of the exams has no demonstrable relevance to most aspects of the business of practising medicine. The implication that working for references from your consultants after qualifying has anything to do with educational assessment is presumably a joke. Surely?

Your comments on MCQ exams make it quite clear that you know very very little about them, although you describe *bad* MCQs quite vividly. But to reject the entire technique because sloppily produced and tattily marked MCQs are bad, is like refusing cardiac surgery at Guy's because of the poor standards of surgery in the lower foothills of the Andes. Practical exams that consist of rapid-fire questions, as you suggest, would of course no longer be practical exams—but a less efficient form of oral MCQ session. MCQs, when properly prepared, produce more valid and reliable questions capable of fairly testing a range of types of knowledge and behaviour better than any other technique yet devised. If only university teachers felt obliged to know even half as much about how to do their job as do nursery school teachers—then you would have encountered better teaching and examining, and many of the excellent assessment systems already available.

Let us hope that future generations do not continue to be similarly disappointed.

Yours sincerely,

MICHAEL A. SIMPSON.

York Clinic,
Guy's Hospital, London, S.E.1.

[1] For those unfamiliar with crude Latin. Literati are rather like Castrati, except they use a pen and paper.

SIR—I found much truth in your Passim article of 23rd June concerning the problems that bedevil the format of the final M.B. and there is little doubt that constant reappraisal of the examination system can do nothing but good.

I should like, however, to add a few lines in defence of the multiple choice questionnaire as a test of factual recall. For the past three years in the Obstetric Department, we have held a multiple choice question examination at the end of each firm. Initially we had our own paper, but for the past 18 months, have shared a common paper with four other London medical schools. The questions are drawn from a central bank and computer marked, thus enabling unsuitable or ambiguous questions to be eliminated.

Our experience so far indicates that a firm's multiple choice question results closely reflect the general impression we get of that firm. Furthermore it is not difficult to predict those persons whose multiple choice question marks are likely to land them either the top or the bottom of the batting order.

One additional point which warrants mention in this context is the preliminary findings of Tomlinson and colleagues from the Department of Medicine, King's College Hospital Medical School (*British Journal of Medical Education*, 1973, **7**, 7) with regard to the introduction of an M.C.Q. paper in the final London M.B., B.S. Examination. They have correlated on two occasions the marks between the M.C.Q. paper, the essay paper, the oral examination and the clinical examination. The marks for the M.C.Q. showed the highest correlation of all parts of the total marks on both occasions. This, I feel, is encouraging and justifies further efforts with the multiple choice system as a method of examination.

Yours faithfully,

T. M. COLTART

Department of Obstetrics and Gynaecology,
Guy's Hospital Medical School,
London, S.E.1.

SIR,—I much enjoyed reading the Passim in your last issue, and thoroughly agree with what you wrote: it is ridiculous to have representatives who are not present at the meetings of committees to which they have been elected, and indeed this view is held by many of those who fail to vote for these officers. Unfortunately the inefficiency was not entirely one-sided: where was the agenda from the previous club's union meeting and notice of the next, which should have been sent to me? Whilst acknowledging that perfection in any internal communications system in an institution the size of Guy's is nearly impossible, I hope you will agree that there are certain difficulties involved in arriving for a meeting at the appropriate place and at the correct time without prior knowledge.

Yours faithfully,

G. W. G. VEVERS.

East Wing,
Guy's Hospital.

A letter in absentio . . .

SIR,—Re Passim, 7th July number, I was not dallying in the tent of Achilles, on the night of the Club's Union Council meeting. As it happens, I was at home having supper. What exactly has Hermes been doing lately? I received no notification at all about the meeting, neither to the best of my knowledge did my predecessor. There seems to have been a slip-up somewhere.

The recently elected second year clinical representative was present at the Dental Society Committee meeting. The representative who was absent gave me his explanation the next day. I fail to see why this incident warrants a mention in your article. Perhaps you would like to send an apology to the second year representative.

I fully agree with your concern over the lack of student participation.

Yours faithfully,

M. MORRIS,
Hon. Sec. Dental Society.

Guy's Hospital,
London Bridge, S.E.1.

EDITOR'S REPLY

It is pleasing to see such prompt response but nevertheless it remains the duty of all representatives to ascertain when meetings are to be held and then to attend them.

SPORT

The following Blues were awarded by the last meeting of the Blues Committee:

Association Football Club

FULL—C. Baker, P. Coley, M. Winter.
HALF—P. Kay, J. Ramsey, R. Walsh.

Boat Club

FULL—A. Chivers, P. Stuart-Bennett.
HALF—C. Price.

Hockey Club

FULL—J. Cottingham.
HALF—P. Duckworth, M. Selley, G. Sparrow.

Rugby Football Club

FULL—N. Allen, S. Challacombe, G. Evans, H. Holliday.
HALF—A. Cook, A. Campbell, C. Howell, R. Massey, D. Oram, G. Owen, A. Portelly, T. Want, R. Yetton.

Squash Club

FULL—J. Lewis, I. Nicholson.
HALF—A. Addison, C. Mackenzie.

Swimming Club

FULL—J. Clark, E. Gavin.
HALF—D. Hoyos, A. Smith.

I. Mackenzie, Secretary of the Blues Committee.

SQUASH

Individual Singles Knock-out Tournament Final

As all reports of this kind say, this year's final of the singles knock-out tournament proved to be much more evenly contested than the "experts" would have predicted. At 1.15 on Tuesday, 12th June, Ian Nicholson and Chris Mackenzie settled down to decide the singles tournament in rather warm conditions. In the first game the play went, as was expected, very much Ian's way. He won the game 9—2 although the score was not really indicative of the length of the rallies. In the second game Chris gritted his teeth, his hair stood on end (his head band nearly fell off) and he went through to take the second game 10—9. He played very well in the front of the court with some accurate "drop" shots. The third game was very even with Chris playing very accurately in the front of the court as he had in the second game, but Ian was too consistent overall and the latter took the game 9—7. However, Ian was tiring noticeably and it was still anybody's game. As the tension mounted, the crowds rose by 400% to a total of eight people watching. The fourth game was convincingly won by Chris with a score of 9—5. Ian was making unforced errors and we wondered if we were in for an upset—any ideas of this were rapidly shattered as Ian's "class" came through. Nothing Chris could do could deter him—overextension of his lower limbs under those of his opponent, pitiful wails of "wah" whenever he missed the ball and even an attempt to break the ball by thrashing it against the front wall—all were in vain. Ian won the fifth game 9—2 to take the set by three games to two. The cup was presented to Ian by Mr. Harry Oddy.

Tournament results:

Quarter final: Nicholson bt. Blake 3—0; Cooke bt. Kirschen 3—2; Lewis bt. Gilbert 3—1; C. Mackenzie bt. Kingon 3—1.

Semi-final: Nicholson bt. Cooke 3—0; C. Mackenzie bt. Lewis 3—2.

Final: Nicholson bt. C. Mackenzie 3—2.

A.K.

TENNIS

July 3rd, Guy's vs. King's College Hospital. Away
Guy's Hospital won by 6 matches to 3

Guy's Physiotherapy School team played their first match of the season against King's College Hospital. The team was very successful with each couple winning two out of their three matches.

The King's first couple were very good indeed and sadly Guy's could not match them. The first couple, Denise Middleton and Christine Gilchrist, had two easy matches against the second and third couples, as did Susan Leonard and Sarah Peach.

Special thanks must go to the third couple, Minty Horlick and Jane Warmington, for stepping in at the last moment and for playing so well.

C.G. (Capt.)

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of a **Registrar** in Rheumatology, with duties to commence on 1st October, 1973, for a period of one year in the first instance. The post offers a comprehensive training programme in Rheumatology and the successful candidate will be expected to take an active part in this programme of research and training. Preference will be given to candidates possessing a good background in General Medicine and holding the M.R.C.P. diploma. A locum position at this grade is available from 1st August, until 30th September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **27th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of a **Locum Registrar** in Rheumatology, commencing 1st August, 1973, until 30th September, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **27th July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Senior Registrar** in Anaesthetics at Guy's Hospital for the period 1st October, 1973, to 30th September, 1974, in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **31st July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Anaesthetics under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board, (Lewisham Hospital) for the period 1st October, 1973, to 30th September, 1976, with the first year to be spent at Lewisham Hospital.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **31st July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** (Middle Grade) in Orthopaedic Surgery, commencing 1st October, 1973, for a period of one year in the first instance. The post will be subject to the Terms and Conditions of Service of Hospital, Medical and Dental Staff in the National Health Service.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **31st July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Senior House Officer** in Obstetrics for the period 22nd to 29th August, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **31st July, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Registrar** in Obstetrics and Gynaecology commencing on 1st October, 1973, for a period of one year in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **3rd August, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Senior House Officer** for the Rheumatology and Rehabilitation Unit at New Cross Hospital, from 30th July, to 31st August, 1973.

Applications, together with the name of two referees, should be returned to the Superintendent, Guy's Hospital, London SE1 9RT as soon as possible.

Applications are invited from medically qualified graduates for appointment from 1st October 1973, for one year in the first instance as Research Fellow. The successful applicant will be appointed to the staff of the Imperial Cancer Research Fund to work at Guy's Hospital in their Breast Cancer Unit. The post will provide opportunities for clinical work and is suitable for someone working for a higher medical or surgical qualification or wanting experience in clinical research. Salary according to experience in the Registrar-Senior Registrar range.

Further details and form of application obtainable from the Secretary, Imperial Cancer Research Fund, Lincoln's Inn Fields, London, W.C.2.

PAPERS BY GUY'S MAN

Simpson, M. A. Teaching about death and dying. *Nursing Times*, 5th April, 1973, **69**, 442-443.

Simpson, M. A. This conference has been sanitised for your Protection. *World Medical Journal*, 1973, **20**, 22.

PASS LIST

ROYAL COLLEGE OF PSYCHIATRISTS
M.R.C. Psy.
M. A. Simpson.

DEATHS

ANDERSON—On 4th July, 1973, Dr. Kevin Francis Anderson, M.B., B.S., M.D., London, M.D., Adelaide and Fellow of the Royal Australian College of Physicians, Director of Bacteriology, Institute of Medical Science, Adelaide, Australia, died suddenly.

BERRY—On 23rd June, 1973, Dr. Philip Berry, M.D., B.S., M.R.C.S., L.R.C.P., died suddenly at his home "Shortlands", Offham, Near West Malling, Kent.

WILSON, Dr. Thomas Francis, M.B., B.S., on 22nd June, 1973, aged 92 years.

CHANGES OF ADDRESS

Roger and Elizabeth Parker, The Old Cottage, Mill Street, Redhill, Surrey.

Mr. and Mrs. F. S. Warner, Flat 11, 115a Ridgway, Wimbledon. S.W.19.
01-047 3644.

PERSONAL

DENTAL SURGEON LONDON W.1.—seeks nurse assistant. Experience preferred, but ex-S.R.N. trainee would also be welcome. Office hours. No Saturdays. Salary proportioned to knowledge, etc. Phone 01-387 3626.

MENORCA. Cala'n Porter. Cliff top villa, sleeps 4. Available 10th August—24th August and 21st September—12th October. £69.50 per person, per fortnight, including flight and car. Also available for long winter let November—March. Rent £5. per week. Box No. 3/3.

SIDCUP—Large flat in Georgian house on 20 acres, 12 miles London. 4 Bedrooms, playroom, drawing room, dining room, bath and kitchen. Night storage heating. £23.50 per week. Tel 01-300 2347.

WANTED—Small unfurnished flat for mature business lady. Reasonable rent. Permanent let. Close to London. Kent area preferred. FN 58530 evening. 01-407 7600. Extn. 357 day time.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2218

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

On reading through the daily newspapers over the past two weeks, the average man in the street could be forgiven for thinking that the medical profession is a very immoral crowd of people. The national press seem to have taken it upon themselves to sponsor July 1973, as "National Doctor Bashing Month". We have nothing but complaints against doctors for alleged sexual offences, accusations of negligence as patients die on the operating table and public uproar about the infamous kidney snatchers of Birmingham.

Unfortunately, the medical profession is in the forefront of the public's shop window. Having a good, upstanding doctor used to be as great a status symbol as having a white Rolls Royce with personalised number-plates. The family doctor is in a very vulnerable position as far as accusations of offences against personal dignity are concerned. We hear that many G.P.s daily receive letters of an overtly suggestive nature in their morning mail. This puts the doctor in an extremely difficult situation, but fortunately most of the correspondents have sufficient courage in their convictions to sign their names. Problems arise when the letters are sent anonymously.

A patient who is known to have written a suggestive letter can safely be countered by a firm word and an ever-present chaperon, but the troubles begin with the anonymous writer, since the next woman to walk into the surgery could just be the one involved. Simply by virtue of some of the techniques a doctor is obliged to carry out—for example, smears for cervical cytology—he is laid open to interpretations put on the investigation by the more imaginative female patient. It is a well-recognised problem that many cases of

rape are only brought about in retrospect after a mutually-approved relationship, and the same can certainly apply to the relationship between doctor and woman patient, no matter how platonic it may seem to the doctor. When it comes to testimony in court, it is simply a case of one person's word against another, and one man's career resting on the verdict. Such exposure as the Press has been giving these affairs can only put the medical profession in the automatic position of loser straight away.

Persistent coverage of such events in the daily press can only be bad for the medical profession as a whole. There was a time when the G.P. was a highly respected member of the community; adverse publicity of a few events has done nothing to further that viewpoint. On the contrary, it is slowly undermining confidence in the profession and, as all doctors will agree, the single, most important factor in therapy is a sense of rapport with the patient. The mass media play a great part in shaping our life style and they may be in danger of eroding the foundations upon which this rapport is built.

Let us hope that the general public will have the sense to realise that sensationalism has no place in medical practice and that the great majority of doctors are honest men bound by a strong code of ethics. Generally, the patient-doctor relationship is at a low ebb, for a variety of reasons: it must be the sincere hope of the whole profession that this is not the straw that breaks the camel's back and destroys one of the most important bonds between the medical man and his patient—the ability to communicate freely, delicate facts without fear of personal repercussions.

Errata

In the article "Charles Dickens and the Doctors" by G. L. Davis, the last line on page 326 should have read " . . . too, of the 'Infant Phenomenon' ", not the "Infant Prodigy!"

In the article "Survey of the Interpretation of Medical Terms". On page 320, for "medical" substitute "obstetric", since obstetric and surgical patients were considered less hospitalised than medical patients. On page 320 "the 85 who were 30 and over . . . ", not "35". On page 322 the total number of questionnaires was 142 not 152. The authors also wish to acknowledge the help of Miss Rosemary Dalton in organising the survey.

NEWS IN BRIEF

The Baillière Prize for Nursing Studies, 1973-74

Baillière Tindall, medical and nursing publishers, and the R.C.N. announce the second annual award of a prize for the best original paper on a topic of importance to the nursing profession, selected by the Royal College of Nursing. A first prize of £150 and second and third prizes of £50 and £25 will be awarded. Prizes will be awarded at the R.C.N. Congress in March 1974.

Entries must be received by the Editorial Director (Nursing Studies), Baillière Tindall, 8 Henrietta Street, London, WC2E 8QE, on or before 1st January, 1974.

Topics for the 1973-74 prize:

1. Should Nurses Specialise?
2. Care in Chronic Kidney Disease.
3. The Effect of the Environment on Health.
4. The Education of the Nurse.
5. Meeting the Needs of the Immigrant in Sickness and Health.

Annual Outing

The Friends of Guy's Services Branch are having their Annual Outing on Thursday, 13th September—to Waddesdon Manor, Buckinghamshire. The coach will leave Guy's at 10.30 a.m., cost £1.50. This covers entrance to the House and tea.

Bring your own picnic lunch.

Will anybody interested please contact Mrs. Salmon or Miss Lowe, Extension 0-98.

The Dentist of Seville

Mr. G. Moulding, who has rocketed to fame through the Sports columns of the *Gazette* is soon to marry Miss Jill Speight, star of stage, screen and "The Pirates of Penzance". We understand that at one time Mr. Moulding was an outstanding boy soprano; let us hope he does not return from his honeymoon as the same, and may all their productions be little ones.

A Rearranged Date

A Study-Conference on the "Care of the Dying" will be held at Guy's Hospital on Tuesday, 18th October, 1973. Full details will be published at a time nearer the date, in mid-September.

A Century of Those Whose Business Ties with Health

W. Sheeran

Part IV

1934 was another poor year, made worse by the fact that Alf Hewitt was seriously ill for most of it and could not take an active part in coaching, and so he enlisted his son who had no difficulty in filling the position. Young Alf, as he was called, continued to help out at Guy's until his father retired just before the war.

The following year was really the one in which the Boxing Club started on its road to the great years just after the Second World War. There were many problems of disorganisation during the war because of the splitting up of the student element, but the sport survived and possibly due in no small way to Jack and George Winston from the organisation side, the famous Halamandres brothers and R. N. Lewis whose enthusiasm was contagious.

One might say, of course, that during the peaceful years of the '30s humanity turned its back on aggression and was attracted to the frivolous side of life. Keeping fit was the great craze, but far from attracting the students to the gymnasium it attracted them to the country "biking and hiking". Young ladies and gentlemen wore shorts and knapsacks and breathed in the fresh air far from the smoky towns. The "Daily Mirror Eight" were performing exercises to give grace and beauty to the girls of the age. It seems to show up the split in society when one recalls that during these years there were more professional boxers than at any time before or since . . . But that was the era of the "Hungry fighter" and students were a far cry from that.

Although there are no 'Hungry fighters' today in England, because of the Welfare state, the situation is similar; it being peacetime.

The aggressive sport of boxing is frowned on in schools and so the student boxing population is small and Guy's is suffering like most establishments. But even so, it has survived while all the other hospitals' clubs have gone to the wall.

The Boxing Club had a number of new members and although St. Mary's won the U.H. Championships, P. J. Fletcher, H. Merrick, A. Halamandres and C. Halamandres were selected for the United Hospitals team, and C. Ziervogel, J. S. F. Watson and H. Merrick for the London University side.

Nuffield House was opened by the Prince of Wales that year and Lord Nuffield, who was present, had generously donated £10,000 for the building and equipping of the new Clinic.

Having beaten St. Bartholomew's Hospital in a "Friendly", Guy's put a full team into the Hospitals Championships at the Stadium Club in 1936, expecting to be successful, but a strong side of R. Lewis, G. Rees, D. Sedgewick, C. Halamandres, A. Bloom. J. Watson, A. Lee and P. Fletcher were unable to make much impression against St. Mary's and London and came out in third place.

The star of the evening was Costa Halamandres and he repeated his performance when helping the United Hospitals win the Harry Preston Trophy for the first time in the U.A.U. Championships that year.

The gymnasium was re-equipped in November and, apart from a new ring, four new sets of gloves were obtained owing to the generosity of Mr F. N. Doubleday.

In 1937, with a newly-equipped gymnasium, the club could have more home fixtures and it was announced that 1st and 2nd string teams would be picked as the numbers were still growing. In fact it seemed that the club was attracting students from other clubs, because the Gymnastics Club became non-existent and the Rugby Club appeared to be having very bad turn-outs, losing twenty-two games during the season.

When war was declared in 1939 the Club had matured into a real force in hospital boxing. The U.H. Championships were held at Holborn Stadium and the tickets were priced from 1/- to 10/-.

There was a great following which included Professor T. B. Johnston (Superintendent), Mr. T. J. Evans (Dean), Mr. H. L. Eason (ex-Superintendent, later to be knighted), Mr. F. N. Doubleday and Professor H. B. Fenn (Club President).

The team performed under the tutilage of Tom Ringer, A.B.A. Bantamweight Champion in 1906, Alf Hewitt having retired earlier in the season.

Guy's won the Cup by a clear 7 points and put its name on the plaque for the first time since 1923. To quote from the *Gazette*: "The outstanding boxers on view were the brothers Halamandres, both attracting attention by their clever boxing and heavy punching. Otto's (A. Halamadres) decisive punching in the Lightweights was the chief factor in Guy's gaining three victories at the expense of boxers who tried to ward off their aggressive opponent, but found that they could make no headway against a boxer who made every blow tell. Indeed, Halamandres treated all his opponents similarly, and in turn planted a barrage of lefts and rights on N. Paton (St. Mary's), S. Appeton (St. Thomas') and A. Bentall (St. Bartholomew's) to win the Lightweight honours easily by rendering his opponent *hors de combat* . . . The destruction which he carries in both hands makes him, together with brother Costa, the *piece de résistance* of the Guy's team".

Costa Halamandres, also won a title, as did R. N. Lewis (Guy's Captain) and E. Harvey. P. Jones reached the final and T. R Woolridge, D. Fuller and J. Rockford all reached the semi-final bouts in their weight divisions.

The U.H. Team won the Harry Preston Trophy again at the U.A.U. Championships. The two Halamandres brothers and R. N. Lewis all won titles.

Later in the year, George Winston, who was an officer in the sea cadets, encountered Matt Wells, coaching the boys in boxing. He invited him to become trainer at Guy's and a new era was born. Matt was pretty well occupied, as he was also coach at Dulwich

College, Dulwich Preparatory School and the Lynn A.C. But as we were to realise later, Guy's became his first and main interest.

On 8th September, 1940, the first incendiary bomb landed on Guy's causing very little damage. Two high explosive bombs fell on Hunt's House, destroying the central stairs and lifts on 15th September, while on 29th December another demolished the East Wing, and a land mine ended the life of one of the great Guy's institutions, "The Ship and Shovel" public house. This tavern was situated on the opposite side of Great Maze Pond from the East Wing of the front Quadrangle, and it is known that Thomas Guy, while a governor of St. Thomas' Hospital, then situated on the north side of St. Thomas' Street, frequented it regularly to partake of the famous fresh crab and home brewed ale. In 1721, when Guy had obtained a lease of land from St. Thomas' to build a home for the treatment of incurables, the tavern was called the "Pig and Whistle". The students and apprentices of St. Thomas' would hold their revels there and on qualifying would carve their names on a large table in the main bar room. When Guy's Hospital was built in 1725 the clientele grew and more names were added. When St. Thomas' hospital moved to its present site, on the Albert Embankment, in 1871, Guy's students took over and "The Ship", as it was then called, became a hospital institution.

When on 29th December, 1940 "The Ship" was destroyed, students rushed to the aid of Dick and Flossie Bones, the Landlords, and dragged the famous table out of the rubble and placed it in the Residents' Room in the college as a reminder of happier days.

In the late eighteenth century one Admiral Sir Clowdisley Shovell used to entertain his friends at the "Pig and Whistle", and the story goes that he would call it his ship. When in 1807, at the age of 57, he was drowned at sea, the tavern was renamed in his honour "The Ship and Shovel". The removal of the second "l" was supposed to be a publicity stunt of the time in order to attract the men of the barges and small river craft and allude to the shovels used for taking in or removing ballast.

In July, 1940, the students in the Orpington section of the hospital organised a Boxing Tournament with the local Orpington Boys' Club in conjunction with OXO Boxing Club. To help out the team, R. A. Johnson, who had been a leading light in the Club ten years previously, went into training and on the night, according to the *Gazette*, " . . . boxed with vigour to the shouts of 'sock him Doc' from the soldiers".

To illustrate the somewhat foolhardy indestructability of the Guyites, one notes that at the time of the "Blitz" a new gymnasium and squash courts were built behind the York Clinic just off Borough High Street and the old Pavy Gymnasium went out of use, later to be converted into a cafeteria for the sutdents.

The return of the students from Orpington and Tunbridge Wells, etc., in 1945, really put the new Pavy Gymnasium into operation and Matt Wells set about his task of creating a fit and trained team with relish.

The preliminary bouts for the first Inter-Hospital Championships since the war, took place at the new gymnasium on 24th January, under A.B.A. jurisdiction. It seemed an honour had been bestowed when it was learnt that the official in charge was the Olympic Middleweight Champion of 1920 and 1924, and A.B.A. Champion on five occasions, Harry Mallin.

The main opposition came from St. Mary's Hospital which, under the eagle eye of the President, Mr. Arthur Dixon Wright, was expecting to emulate their Rugby brothers and bring a higher standard of fitness and technique to the sport than had been seen previously.

N. Porter, R. Leader, M. Mason, J. Pugh, S. Westgate, I. MacLauchlan, J. Shaw, H. Kinder, R. Walsh and M. Harber all went through to the semi-finals and finals, which were boxed at No. 61 Arch, Tooley Street, under London Bridge Station, at a later date.

Guy's had more than one entry in some of the weights and so they had to box each other with Pugh, Shaw and Kinder winning championships.

After a very successful evening, Guy's shared the winner's trophy with St. Mary's and the struggle back to the top was almost over.

J. H. E. Winston, the Medical School Secretary, was Hon. Sec. of the United Hospitals Boxing Club at this time and he made strenuous efforts to revive boxing at the other hospitals as well as arranging fixtures with the Universities and non-Student Clubs.

One of the matches arranged by him was at Oxford when a 1st and 2nd team was taken which included six Guy's Boxers. U.H. won this event by 6 bouts to 2 and one of the losers, J. Whitcombe of St. Mary's, was knocked out by a young heavyweight from B. N. C. called Bruce Cole who was to make his name at Guy's later as both a boxer and fine rugby second row forward.

The London University Championships were held for the first time in 6 years on 9th May, the first day of peace in Europe, at 61 Arch, Tooley Street, and this was again arranged by Jack Winston, helped by his brother George.

Matt Wells had taken ill and so was unable to see his team win the team championship and Mike Coplans, Dick Leader, Jimmy Pugh and Nigel Porter win individual titles.

It could be stated that the greatest frendships can be born from resolute contest, and respect for man as a man is at its highest level. The intellectual can talk, the boaster shout and strut, but the athlete proves his point beyond doubt, as nothing achieved can be reversed by debate.

The feeling of power and the control of the body by the mind gives a satisfaction of attainment in a physical sense that the non-athlete can never know. The person is whole, and the Greek philosophy of training the mind and the body becomes very clear to the sporting student. It might be noted that in Communist countries, especially Russia, China and E. Germany this teaching is very much to the fore, while in America and Western European countries, the authorities are worried about Child and Adult Obesity because of the lack of it.

At the Annual General Meeting held on 10th October, 1946, and chaired by the Reverend V. McClaughry, the Secretary, M. P. O'Reilly, sent a letter of apology for his absence owing to illness and also the absence of a Minute Book "missing presumed dead" due to enemy action. A new book was obtained and so my work has been made much simpler after this point in time.

At the same time as the new Matron, Miss Dorothy Smith, was taking up her position, numerous ex-servicemen were entering the hospital to study. The Boxing Club benefited a great deal from this and the organisation quickly improved under the Captaincy of Stuart Westgate. Cambridge University was beaten and Guy's went down by the odd bout to Oxford and drew 3 bouts all with one of the strongest Clubs in London, the Polytechnic A.B.C. Several boxers were selected for U.H. and University representation and, although the Inter-Hospitals Competition was cancelled, it was a very successful year all round.

At the A.G.M. held in October, a proposal that Inter-Hospital Championship weights should be at 7lb. intervals was passed, and the United Hospitals Club was approached to this end.

Five Guy's representatives were selected for U.H. against a combined Oxford and Cambridge side and the contests took place at a packed Eltham baths.

B. Cole, R. Walsh, W. Sheeran and A. MacLauchlan all won their bouts in a 5—3 victory, M. Mason being the other competitor.

By 1947, George Winston had really got his teeth into the business of running the organisation of the Club and so, with the aid of the Medical School Office staff and that of the Counting House, he put on the first open tournament administered by a hospital, at Seymour Hall in Paddington. The main event was a team match against St. Mary's Hospital and this was backed up by a 9st. 9 lbs. novices competition plus contests between boxers of international fame.

The connection with the Lynn A.C. which had started 42 years before, when Matt Wells and Tom Morgan boxed at the old gymnasium, in front of the founder Dr. Pavy, was continued and C. Linsell and A. Mackie took part in special contests.

The Novices Competition was won by J. E. Jones of Guy's which was a good performance as it is rare that hospital boxers enter open competitions. Jones showed a great deal of talent above that usually seen from a first year student and it was a great pity that he was not able to continue boxing for Guy's.

After this success for a Guy's man, Matt Wells decided to enter W. Sheeran for a competition at Manor Place Baths in February and again he found that his efforts were to become fruitful.

It was not difficult to interest the public in amateur boxing just after the war and apart from the many tickets, ranging from 3/6d to £1, taken by hospital staff and students, the Borough Market porters were easily sold on the idea and came to support Guy's in force.

The team match was keenly entered and the shock of the evening was the knocking out of Bruce Cole by John Ambrose (better known for his rugby at St. Mary's) after being very much ahead on points

The best bout of the series was that between Norman Du Plessis and G. (Tank) Bradford, showing heavy punching accompanied by sound defence.

However, the highlight was when Bull Eksteen and Dusty Miller (St. Mary's) boxed themselves to a standstill. Before the contest commenced there was great amusement because it was the first time in living memory that two bearded boxers had faced each other.

W. Sheeran had broken his thumb while sparring and was unable to take part in the victory of four bouts to three with Mick Mason, Frank Ellis, Stewart Westgate, Dick Walsh and those mentioned above.

During this year the old gymnasium was opened as a cafeteria and nicknamed the "Spit". This was inherited from the students' smoking room which burnt down during the war. The name becomes more obvious when one learns that all smoking rooms in Victorian and Edwardian times had cuspidors at strategic intervals.

Trinity College, Dublin invited the Club to take part in the Trinity Week celebrations in the beginning of June 1947, but because of examination preparations a full side had to be made up with imports from St. Mary's and St. Thomas' hospitals. They fitted in well and a strong boxing and social team embarked to "Utopia".

Southern Ireland, or Eire, as it was then known, had not suffered unduly from the problems of World War, and for these young men to be able to eat as much steak, eggs and fruit as they wished was a joy indeed. Fortunately the officials at the weigh-in for the show were aware of this and negotiations over slight weight discrepancies were not difficult.

Trinity had a very good system of billeting opposing teams with members of the college and a most hospitable and friendly atmosphere was at once realised.

Frank Ellis and myself had the good fortune to stay with a law student named Stanley McMaster who hailed from Ulster and was, at that time, the cox of the Trinity eight. A friendship was built up which still exists. Stanley now has the unenviable task of being a member of the Westminster parliament representing the shipyard area of E. Belfast with all its sectarian problems.

From that time on to the early 1960's boxing attracted renewed interest both at University and Club level. The professional side was putting on shows to packed houses and names like Jackie Patterson, Bruce Woodcock and Freddie Mills were known in all walks of life . . . The same thing happened after the 1914-1918 war and it may be of interest to consider that the instinct in aggressive sports revives after traumatic experiences. In the years of peace prior to both wars, and as it is today, the interest in the "Noble and Manly" lags far behind that of more leisurely entertainments at the hospitals and colleges. Only in the tougher areas of the less privileged is the interest still felt.

NURSING — SHOULD NURSES SMOKE?

Over the last few years, much publicity has been given to the dangers associated with smoking. There can be very few people in this country who are not now aware of the potential damage incurred by the adoption of this habit, and it does constitute a somewhat dubious pleasure. Statistics in support of the theories, were produced from a survey conducted amongst members of the medical profession, who after having abandoned smoking, were found to show a marked decrease in the incidence of coronary and respiratory disease.

There are, however, a large number of medical personnel who do smoke, despite having knowledge of the unpleasant results which may ensue. Many have also desisted, as the noticeably thinner pall of smog at any gathering of medical people will demonstrate. Nurses, however, seem to be impervious to the warnings, and very large numbers still indulge in what is increasingly an anti-social occupation.

Whereas one cannot presume to dictate the way in which people should effect their own demise, one can only be caused to contemplate upon the ethical implications of such people indulging in this habit.

It surely is necessary for nurses to consider this aspect of the matter seriously. In training, they are persistently told that one of their duties is to educate the public. If, however, these people see that members of the very professions who so strongly condemn their actions, are themselves indulging in the habit, they can hardly be chastised for adopting the attitudes which they have. Namely, that in view of these facts, there can be little truth in all the theories and statistics. One cannot blame them if they consider that once again, the authorities are attempting to deprive them of any small pleasure which they have.

Some hospitals have already banned smoking in their wards, thereby preventing all patients from obtaining solace at a time when they are under stress. This attitude is reminiscent of the policy of removing children's dummies when they are admitted to hospital, and in fact amounts to the same thing, since cigarettes are merely adult substitutes for these comforters. As everyone is aware, this is the incorrect time to try and effect such re-education. It is interesting to note, however, that these hospitals have not imposed similar restrictions upon their staff, and have thus created something of a paradox.

Unfortunately, no ultimatum will prevent anyone from smoking, and such a ban would only serve to increase the fire hazards in staff accommodation. Any nurses' home warden would guarantee that these dangers are sufficiently great at present, without any additions.

If, though, nurses and doctors have a social conscience—which presumably they have—should there not be serious consideration given to this on an individual basis? For it is only in this way that effective action would be taken. They might even prolong their lives!

OBITUARY

Miss Marjory Alweyl Lloyd

It was with a feeling of great sadness that I learnt of the peaceful passing of Miss Lloyd after a long illness so courageously and patiently borne to the end.

Having known her for the past forty years and having worked closely with her from time to time, it is hard to take leave of yet another friend and well-known member of the Guy's nursing staff.

My first contact with Miss Lloyd was in 1931 when, as Sister Dorcas, in charge of the ear, nose and throat ward—now Mr. Burfoot's offices—she used to play the organ for chapel on Sundays, and for morning prayers when possible. Then after an absence of four years in South Africa we met again in 1937 when Miss Lloyd returned, and was appointed a Floor Sister in Nuffield House; what happy interesting years these were.

In 1939 Miss Lloyd returned to South Africa to work at the Grootes Schur Hospital until her appointment as Sister-in-Charge, Nuffield House, in 1946.

Always bearing in mind I am sure the example of Miss Florence Wittrick who was in charge of Nuffield House whilst she was a "Floor Sister", Miss Lloyd re-established the pre-war routine and atmosphere of graciousness which always prevailed under the direction of Miss Wittrick, and there she spent the last fifteen years of her career in service to Guy's until her retirement in 1961.

Unfortunately Miss Lloyd had to return as a patient to Nuffield House where she spent the last months of her life with fortitude and great dignity, perfectly groomed, and always delighted to see her many friends and to hear their news.

I was pleased to hear that during the last weeks of her life her Guy's friends were able to drive her to the chapel to see the sanctuary lamp presented in memory of Miss Florence Taylor, and to hear the organ played—a great occasion for her.

Our thoughts go out in sympathy to her sister and brother to whom she was devoted, and our thanks in memory of her loyal and devoted service to Guy's.

THIRD INTERNATIONAL ORTHODONTIC CONFERENCE

The Third International Orthodontic Conference will be held on 13th—18th August, under the Presidency of Professor W. J. Tulley.

The conference will include a lecture programme dealing with all aspects of Orthodontics; special interest sections discussing various topics of interest including "Community Responsibility" and "Undergraduate and Postgraduate Education" together with few main seminars including "Surgery in Relation to Orthodontics" and "Orthodontic Treatment in Relation to Cleft Lip and Palate"! There is a non-dental and social programme for delegates and their wives.

We should like to congratulate Professor Tulley in his achievements in "master-minding" this congress and wish him the very best of luck, in what we are sure will prove to be a tremendous success.

WHAT ARE DOCTORS

As a naval doctor, you'll normally serve for five years on a Short Career Commission, some of the time at sea and some on land.

Naturally, you'll travel.

And you'll also be a naval officer.

AT SEA.

You can expect to get to sea as a Surgeon Lieutenant within six months after registration. Probably, you'll be the only doctor in your ship. In a frigate, for example, you'll have some 300 men to take care of. And you'll be responsible for all their medical needs, from a cold in the nose to tropical illnesses.

To help you, there will be a qualified staff on board. And your medical quarters will be small but modern and well equipped. (In some cases, including an operating theatre.)

Your practice, however, won't be confined to your ship. If there's a natural disaster anywhere within a thousand miles, you could get involved in relief work. If there's an accident at sea, you could be taken to it by helicopter.

Often, you'll have to rely entirely on your own resources. So the work can be difficult. But it will certainly be varied.

ON LAND.

Usually, you'll spend more than half your time with us on land. Either at home or overseas – in Europe, the Mediterranean and even as far afield as Mauritius or Hong Kong.

You'll be doctor not only to the naval personnel, but when abroad to their families as well. General practice, in fact, with the advantages of naval pay and a ready made naval social life.

If you're sent abroad, and you have a family of your own, you can take them with you at our expense. We'll help with accommodation (at very reasonable rents), and we can give you educational allowances for your children.

DOING IN THE NAVY?

SPECIALISATION.

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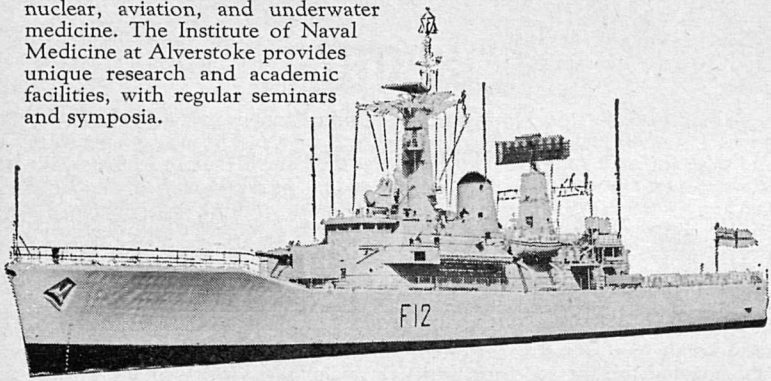
Or you might, for example, be interested in carrying out research into such specialised fields as nuclear, aviation, and underwater medicine. The Institute of Naval Medicine at Alverstoke provides unique research and academic facilities, with regular seminars and symposia.



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Surgeon-Commander L. C. Banks, M.B., B.Ch., R.N., (26AC), Department of the Medical Director-General (Navy), Empress State Building, London S.W.6.

RN
ROYAL NAVY

BOOK REVIEW

NEWER METHODS OF NUTRITIONAL BIOCHEMISTRY, Volume V. Ed. A. A. Albanese. Academic Press. p.p: 252.

This book will serve to keep those interested in the biochemistry of nutrition abreast of their field. It will also be appreciated by those with a wider interest in human nutrition. The book consists of seven review articles which survey the interactions of the various components of the diet with each other, for differing physiological situations. The articles focus attention on the fact that we eat food not proteins, fat and carbohydrates as separate items. The nutritionist wants to know the metabolic response to the food consumed.

The first article suggests the influence that human orcodan rhythms may have upon the utilisation of ingested foods. Cheese for supper may give better dreams and be of more nutritional benefit than a similar quantity of cheese consumed for lunch! Equally J. M. McLaughlan points out that animal experiments may provide useful indications of the biological efficiency of proteins but the diet as a whole will modify the response. Our own Prof. I. Macdonald has written an excellent review on the relationship between dietary carbohydrate and triglyceride. This is an area in which many fascinating problems are being researched.

This book is not a simple introduction to nutrition; but for those who want to appreciate current thinking about the important subject of nutrients, then it is to be strongly recommended.

D.B.J.

SPORT

Students vs. Consultants

Huntercombe Golf Club, 7th July

Result: Consultants won $6\frac{1}{2}$—$3\frac{1}{2}$

This year's match against the Consultants saw a student team well below its normal strength despite being aided by two guest players, Peter Dyson from U.C.H. and Richard Peace from St. Thomas's. This was reflected in the morning play with the staff winning four out of the five matches, with Richard Ibbetson and Peter Dyson obtaining a half in the top match to save the whitewash.

After a buffet lunch accompanied by several "jars", play recommenced. The top match again saw Ibbetson and Dyson paired together, but Peter Dyson could not find the sort of form which brought him victory in the Father and Son's competition and spent a fair amount of time in the trees before losing six and four to Drs. MacLean and Seward.

In the second match, Edward Bray found the holes the size of buckets and sank numerous putts which, combined with some steady golf from David Evans, brought a two and one victory over our President, Mr. Brain, and Dr. Houston. Richard Peace and Larry Culliford had a hard-fought match against Dr. Trounce and Mr. Maynard and eventually got home to win by one hole. Chris Grant, paired with Tim MacDonnell, had their offer of handicap strokes turned down by Drs. Dow and Scott on the grounds that Tim had hit all his shots into the trees in the morning round. Whether this is in fact true or not, they found that Tim utilised the fairway to good effect in the afternoon to obtain another win for the students.

This was, however, to be our final point as Dr. Mackenzie and Mr. Lewis teamed up successfully to beat Alistair Cook and John Lewis four and three. After a very enjoyable day's golf, the match was decided in favour on the consultants by $6\frac{1}{2}$ matches to $3\frac{1}{2}$.

After a few drinks Ted Bray and David Evans proceeded to the putting green where they promptly lost a few bob to Drs. Mackenzie and Scott after finding they had used up all their good putts in the afternoon.

E.C.B.

CORRESPONDENCE

Romney Marsh Dentists

SIR,—There aren't any. Our population of 10,000 people have to seek dental treatment at Hythe, 9 miles away, where they can't get it because the dentists are fully booked for months ahead. Folkestone, Ashford and Rye, at 14 miles distance, are not much better, and the latter two are unreachable by Public Transport anyway.

Our Rural District Council has made representations to the Executive Council, but having no powers of direction, what can they do? The R.D.C. has even undertaken to provide premises, if only we can get someone to settle here.

And why not? A pleasant agricultural area bordering miles of sandy beach, yet only 90 minutes journey from London!

So please, dear *Gazette*, try and help, if only to relieve my amply busy surgery from the people who expect ME to do something about their toothache because they can't get hold of a dentist.

Yours faithfully,

E. L. LONBAY, M.B. B.S.

Craythornes, New Rowney,
Kent.

Thamesmead Dentists

SIR,—I am sorry that my article "The Dental Team at Thamesmead" should have been taken as casting a slur on general dental practitioners. I can see that the sentence quoted by Mr. Domb could be interpreted in this way but I would like to assure him and his committee that this was not my intention. What I intended was to draw attention to the gap in the understanding of each other's objectives and problems that appear to exist between teaching hospitals and general practice. I have the greatest respect for the achievements of general dental practitioners and wished only to emphasise the difficulties they face.

I would welcome Mr. Domb or any member of his committee to visit Thamesmead to see how we are trying to tackle this problem.

Yours faithfully,

D. W. JOHNSTON.

Lakeside Health Centre,
Tavy Bridge,
Thamesmead, S.E.2.

Plea for Accommodation

SIR,—May we, through your kindness, ask for urgent help for new students due to start in the Schools of Radiography and Radiotheraphy on 10th September.

About seventeen of these girls are hoping to have hospital accommodation but we now find that nothing short of a miracle would make this possible. Obviously it is going to be difficult to find accommodation elsewhere in London at short notice and we wonder if any Guy's staff living in convenient reach of Guy's could offer board and lodging to any of our students. If you can help in this way please contact the Schools on extension 394.

Guy's Hospital, S.E.1. Schools of Radiography and Radiotherapy

"Missing" The Point

SIR,—Miss M. S. Griffiths asks in her letter "Qualities and People" in the *Gazette* 21st July, 1973, "What are you to do with a 'Miss' in charge of the ward who in replying to a doctor needing to know incidents in a patient's condition said 'I don't know, I wasn't on that shift' ". This is a most important question because it displays the differences in thought which are instilled in us almost from birth concerning the interpersonal relationships and ways of thought reacting between authority and subservience.

The first thing is that the doctor must overcome his own personality faults of I-ness, pride, sense of superiority, anger and opinions about authority. He should realise that but for government grants neither "Miss" nor the doctor would be there these days to reply to or ask the question.

The second thing is that in this situation it is the doctor's responsibility to go to the records and find out and not that "Miss" if accuracy of information is of any importance.

The third thing is that the doctor should go to the organisers of "Miss's" shifts and find out from her who it was who was on shift, then find out from her the information required, checking it with the records. Fourthly the doctor must be made to realise that if he is to be no more than a peripatetic brain doling out the wisdom of medicine, his job can better be carried out by one of Derek Stubbs' computers in direct relationship with the patient and not secondhand from "Miss".

Fifthly the doctor must realise that "Miss" has told not only the necessary truth but has amplified it quite gratuitously by giving a reason which can be verified. It is useless to say it is her job to know, for this furthers the patient's treatment not one jot, which in any case is the doctor's job since he is not to treat his patient on a secondhand piece of information from "Miss". He, not "Miss", is responsible.

Sixthly the doctor would do well to consult his psychiatrist for a short course in interpersonal relationships and the correct uses of both authority and subservience and not "pass the buck" on to "Miss" when things go wrong and least of all "do something with" her

For her to say "I don't know" when she knows perfectly well that she should be able to reply may well have saved the patient's life and is sufficient affront to her ego, for she could have invented a reply. She is damned if she does and she is damned if she doesn't reply. In saving face, she could only safely lie or tell the truth in her excuse which effects her only and not the patient. In fact, it would seem that "Miss's" devotions were more with the patient than the doctor's interests were, at any rate immediately after the remark was made.

It is pitiful to see "Miss" blamed for a doctor's personality failings. The young have plenty of time to learn but in the process do both themselves and others plenty of damage which is only a process of growing up. I sincerely hope this is only a hypothetical incident but it could easily not be under present day circumstances of both mental and pecuniary inflation.

With metta,

OSWALD B. BALEAN.

Harcourt,
13 The Ridgeway,
Chatham,
Kent.

Dissatisfied Resident

SIR,—With reference to my previous letter to the *Gazette* of 21st July, it has been pointed out to me that I should have mentioned the fact that my wife was offered departmental work as a solution to the problem and it may be considered unfair of me to omit this fact. However, my wife has little experience of departmental work and would have been most unhappy and

much less useful in such work than in a ward. The question of an alternative ward placing was raised but was dismissed because it was suggested that a similar clash of off duty would be likely to arise.

In any case I did not want to bore the readers with all the less relevant details of this particular situation—I was much more concerned with making the general point that, although married nurses must not expect the rules to be re-written for them a little more administrative flexibility would go a long way to meeting many of their needs.

A number of people have been upset by my previous letter and I do not enjoy embarrassing those in authority but the general point is surely one of importance—the National Health Service is short of good nurses—what can we all do about it?

Yours faithfully,

NEIL BARBER.

14B St. Thomas' St.,
London S.E.1.

The Administration's Reply

SIR,—The actions of the Nursing Administration as described by Dr. Barber in dealing with the problem of his wife struck me as being so improbable that I took the trouble to ascertain the facts. As I suspected his letter presented a thoroughly biased and one-sided view of the problem.

He failed to point out that the indignation which is always generated amongst non-married members of the nursing staff when preferential treatment is given to married colleagues was carefully explained to his wife. He did not mention that she was offered placings in Departments where she could have every weekend and every evening off. It seems that Nurse Barber was displaying the very inflexibility Dr. Barber criticises in the administration, although in her defence it does appear that she received conflicting advice at various times from different members of it.

Young members of the staff who wish to marry must get their priorities right. If they have to choose between a post they particularly want, which interferes with their domestic life and one which may not be so attractive to them but suits married life better, surely they have no alternative but to choose the latter.

Dr. Barber's letter caused a lot of distress to people who are doing their best to enable this hospital to function properly. It also presented an image which will create unnecessary dismay amongst old Guy's men and women all over the world.

I trust this letter will enable them to consider the problem in truer perspective.

Yours faithfully,

P. J. HELLIWELL, *Superintendent.*

Guy's Hospital, S.E.1.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Junior Registrar** (SHO grade) (Resident) in the Neurosurgical Unit of Guy's Hospital at the Maudsley Hospital for the period 19th August to 2nd September, 1973.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London, SE1 9RT **as soon as possible.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Senior House Officer** in Surgery (Non-resident) for the period 1st to 30th September, 1973.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **17th August.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Junior Medical Registrar** (SHO grade) (Non-resident) for the period 1st to 15th October, 1973.

Application forms are available from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **24th August, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Registrar** in Medicine at St. Olave's Hospital (Non-resident) for the period 19th August to 2nd September, 1973.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Senior House Officer** in Pathology at St. Olave's Hospital (non-resident) for the period 1st August to 5th December, 1973.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London, SE1 9RT, **as soon as possible.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Locum Senior House Officer** in the Breast Unit at New Cross Hospital (Non-resident) for the period 15th to 31st October, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **17th August, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer** in the Dental Department for Children and the Department of Oral Surgery with duties to commence on 1st September, 1973, until 28th February, 1974, in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **17th August, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Middle Grade Registrar** in general medicine to the Guy's Group of Hospitals with duties to commence 1st October, 1973, to 30th September, 1974, in the first instance.

Application forms and further details are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **17th August, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS, SOUTH-EAST
METROPOLITAN REGIONAL
HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar** in Anaesthetics to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board (Brighton Lewes Group of Hospitals), with duties to commence as soon as possible for a period of four years.

The appointment willl be made jointly by the bodies concerned and will be held in the first and fourth year in the Guy's group of hospitals and in the Brighton Lewes group of hospitals from 1st October, 1974, to 30th September, 1976.

Forms of application are obtainable from, and should be returned to, the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **10th August, 1973.**

PASS LIST

ROYAL COLLEGE OF PATHOLOGISTS

Final Examination

May/June 1973

Sheela Amin

ROYAL COLLEGES OF PHYSICIANS
OF THE UNITED KINGDOM

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April 1973

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Alison P. Hill
Frances E. Jones
I. M. Morris
R. J. G. Rycroft
E. J. Salter
J. A. Vale
H. J. H. Williams
Yvonne F. S. Williams

UNIVERSITY OF LONDON

M.D.

June 1973

M. D. O'Brien

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OF ENGLAND

F.R.C.S.

May 1973

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M. W. Bridger
P. D. Davies
M. G. Falcon
K. B. Hughes
S. B. Janvrin
A. Leyshon
B. J. Rowlands
M. Sutton

Primary F.F.A.

March 1973

T. M. Jack
J. A. R. Pook
Anna-Maria Tihanyi

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July 1973

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Midwifery

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J. J. Oram
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C. R. Pascall
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B. D. Rix
A. Z. S. Rohatiner
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M. F. Scott
J. E. T. Stokes
T. J. Thornton
G. B. Tobin
A. M. Weindling
N. J. White
C. M. V. Wright
P. W. Young

Pathology

J. G. Ayres
C. J. L. Baker
I. Bandak
G. W. Bergman
C. R. A. Bevis
D. J. Bickle
R. A. Botha
R. J. B. Bowering
D. P. Brodie
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C. M. W. B. C. Carter
D. P. Carter
J. E. Clarke
M. J. O. Coe
S. E. Comrie
M. K. Darcy
C. J. K. Ellis
S. A. Gallagher
P. D. Houghton
C. B. Howard
P. A. N. Hutton
W. Jago
P. W. C. Lee
P. E. Lewis
B. K. McLeod
P. G. W. Meakins
J. J. Oram
B. D. Rix
L. D. Ross
J. E. T. Stokes
T. J. Thornton
B. G. Whiteside
P. W. Young

Surgery

N. J. Allen
Sarah J. Brown
N. P. Byrom
S. J. Doyle
M. J. Hollis
R. J. Knight
V. K. Manna
M. A. L. Pringle
W. R. Yetton

UNIVERSITY OF CAMBRIDGE

Final M.B.

Easter Term 1973

Part I

A. B. Whitehouse

Part II

C. M. C. Allen
D. J. Atherton
P. T. Calvert
D. R. Campbell
T. P. Cut'er
K. R. Daniels
R. G. Dent
J. A. Dick
D. M. G. Goodridge
B. W. Lloyd
P. J. Loxton
R. B. Paisey
P. J. Rees
J. N. L. Simson
M. J. Timmons

UNIVERSITY OF OXFORD

B.M., B.Ch.

Trinity Term 1973

Jennifer M. Kirkwood

B.M., B.Ch. Special Pathology

P. H. Kay
R. C. B. Odgers
Barbara M. Orr

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

July 1973 Final Examination

Miss P. A. Auld
Miss A. C. Hadden
Miss P. A. Hughes
Mrs. S. J. Freitag (née Taylor)
Miss P. J. Johnson
Miss M. D. Motum
Miss G. J. Sykes

PAPER BY GUY'S MEN

Beard, R. J., Bishop, N. L., *and* Jones, B. J. M. A comparison of intramuscular ergometrine maleate and oxytoxin with intravenous oxytoxin and intramuscular *ergometrine in the third stage of labour. British Journal of Clinical Practice*, 1973, 27, 13.

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CHANGES OF ADDRESS

Derek and Kate Briggs have moved to: 21 Fernhurst Gardens, Aldwick, Bognor Regis, Sussex, PO21 4BA. Phone: Pagham 2775.

Gordon Brocklehurst, M.Chir, M.B., F.R.C.S., Combined Neurological Service, The Royal Infirmary, Hull, HU3 2JZ, Yorks.

Dr. R. W. Brotherwood, 1A Kingswood Road, Tadworth, Surrey.

Murray and Lesley Roberts, Pallaflat House, Bigrigg, Egremont, Cumberland, CA22 2TX.

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FOR SALE. Detached house, Petts Wood, within easy reach of Guy's, Farnborough, Orpington, Bromley Hospitals 3 bedrooms, dining room, large lounge, facing south, double glazing, parquet flooring. Good kitchen. Downstairs cloakroom. Bathroom, separate lavatory. Oil central heating. Garage. Good garden. Price £27,500 or near offer. Phone ORP 20841.

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CORRECTION FROM LAST ISSUE:

Mr. and Mrs. F. S. Warner are now at Flat 11, 115A Ridgway, Wimbledon, London, S.W.19. We apologise for the misprint in the telephone number in the previous issue.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

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ASSISTANT EDITOR K. N. BULLOCK

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2219

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The multi-faceted obelisk
Looks quietly down on his world;
A world of white coats, strange sounds
And evil potions.
"Above all do your patients no harm"
Should be our maxim.
Minds split asunder by circumstances,
Unhealed by medical hand;
The hand that casts pills to the wind,
"And come back again in a month;
You're schizophrenic", he'll say,
"That'll be five pounds each".
Honed knives gleam in the sunlight,
Filtered light,
And grey apparitions hold sterile coven
Around helpless virgins on the altar.
Wind gusting strong in underground passageways,
Yet, flatulence gets you nowhere.
Gaggles of grey-suited gentlemen
Scurry from bed to bed;
Time spent in consultation
The last string that holds man back
From the verge of insanity and despair.
Warmth, greyness, wetness,
As new life rises from the ashes

Of what used to be womanhood;
A social misnomer;
Preserve the human race at all costs.
The existential phenomenon sits in a corner
Stroking his long, brown beard,
Knowing himself and all he stands for;
But who are all these other people?
The multi-faceted obelisk
Looks quietly down on his world;
And outside in the real world . . .
. . . Or is that just his blind spot?

NEWS IN BRIEF

Guy's Hospital Nurses' League

All members of the Guy's Hospital Nurses' League are reminded that the Biennial Cocktail Party has been arranged for Wednesday, 17th October, 1973, from 6—8 p.m. in the East Wing. Tickets are 40p each or 90p for a double ticket (husband or fiancés only, please).

West Somerset Reunion

Old Guy's doctors, dentists and nurses living in West Somerset (including Taunton, Bridgwater, Minehead, Chard, Yeovil and Crewkerne) are invited to support a possible reunion dinner during the coming winter, probably in Taunton. Anyone interested should contact Mr. A. E. Parrott, Powlett House, High Street, Taunton.

Dr. Maurice Campbell

It was with great regret that the Hospital learned of the death of Maurice Campbell, O.B.E., D.M., F.R.C.P., formerly physician to Guy's Hospital. We start, this week, a series of extracts from his book, "Sherlock Holmes and Dr. Watson; A Medical Digression".

"Afore ye operate"
Remember glass shows on X-rays

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OBITUARY

Dr. Kevin F. Anderson, M.D.(Lond.), M.D.(Adelaide), F.R.A.C.P., F.R.C.Path.A., M.R.C., Path.

Kevin Anderson died suddenly of a heart attack on Wednesday, 4th July, in his department at Adelaide. Although it is nearly twenty years since he last worked at Guy's he is remembered still by many now at Guy's and by his contemporaries as medical students.

Kevin Anderson was born on 8th April, 1925, the younger brother of Declan (now Professor of oral biology at Bristol University). They both came to Guy's as students. Declan entered the dental school and after qualification turned to physiology. In September, 1942, Kevin entered the medical school, at that time evacuated to Tunbridge Wells, and later both of them were in the physiology classrooms together. The medical school returned to Guy's in London in 1944 and Kevin duly completed his studies there, qualifying M.B., B.S. in 1948. He had already developed a keen interest in microbiology, winning the Golding Bird prize in bacteriology whilst a student, so, having completed the usual house appointments at Guy's, when he entered the R.A.F. for his National Service he asked, and was appointed, to work in this field. National Service finished in 1950, he returned to Guy's to become a junior lecturer in the new Bacteriology Department under the, then recently appointed, Professor Robert Knox. He was promoted to senior lecturer in 1955, but the more senior appointments in the department being all newly occupied there was little prospect for promotion within it. Later in 1955, therefore, he moved to an appointment as senior registrar in the clinical pathology department of the St. Peter's hospitals for genito-urinary diseases. Here he spent a busy and happy period during which he did much to assist the bacteriological services to the very active venereal diseases clinics associated with these hospitals.

Promotion to Consultant Grade in the National Health Service was at that time a slow and uncertain process and many good people sought their promotion overseas. Kevin became one of these when in 1957, he went to take charge of the Division of Bacteriology of the Institute of Medical and Veterinary Sciences in Adelaide, South Australia. Settling down there he quickly established a reputation as a skilled bacteriologist with a flair for the identification of the organism responsible for outbreaks of infectious illness and was soon much in demand to carry out investigations of various epidemics in many parts of the Continent, including a number amongst aboriginal communities. His findings and reports were not always to the liking of the authorities and this was certainly so of one of his last studies which resulted in major new discoveries. This was the investigation of the summertime outbreaks in South Australia of amoebic meningoencephalitis, leading to the demonstration that the disease was acquired from water brought by overland pipeline from the River Murray to supply the towns. In the summer during its passage through

the pipeline the water was raised to the correct temperature for it to provide a satisfactory culture medium for the amoebae. Chlorination of the water has been followed by elimination of the disease during the last hot summer. This work considerably enhanced his international professional reputation—he was elected Fellow of the Royal Society of Tropical Medicine and Hygiene in May this year—and led to the establishment of a special amoebic research unit under his direction. Despite all the extra work that this project involved he continued to run the Salmonella reference laboratory which he had established and to direct the rest of the work of the bacteriology department, meet his teaching commitments, consult in the wards and attend rounds; he was also in demand to lecture in other centres in Australia and had completed a teaching visit to the University of Tasmania only a short time before his untimely death. His status was undoubtedly reflected in one Australian newspaper report of his death describing him as "one of Australia's most outstanding medical research scientists." One can only speculate whether all this pressure may not have had some relationship to his final acute illness.

Of stocky build and quiet demeanour, his drive and abilities were not obvious on casual acquaintance and sometimes were not revealed to those with whom he did not establish a good rapport. As a friend, however, he was a delightful, witty and entertaining companion. He had a healthy scepticism about the infallibility of authority in all forms and could in conversation or in one of his long, delightfully composed letters, most entertainingly quote instances to justify his views. He was not a sportsman but had many other interests, especially in music and poetry.

Whilst a student he met Pamela Chitty in his home town of Horsham. She later came to Guy's to train as a nurse and they married in 1950. His wife understood the demands made upon him by his extremely busy life and supported him at all times, throughout the various phases of his career. To his widow and their three daughters, who have now suffered a grievous loss, we extend our most heartfelt sympathy. Our sympathy must also go to Kevin's family in the British Isles who, tragically, also sustained the loss of his father on 9th July.

D.C.D.

Guy's Hospital Reports

The Editors of the Guy's Hospital Reports are pleased to announce that articles published in the *Reports* in the future, starting with Vol. 122 (1973), will be listed in Current Contents (Clinical Section). This will result in papers appearing in the *Reports* being brought to the notice of a much larger potential readership.

The Editors would like to take this opportunity of reminding readers of the Guy's Hospital *Gazette* that the *Reports* are available for the publication of work done at Guy's or elsewhere. The *Reports* also offer the opportunity for publication at greater length, if required,

than is currently usually possible in most other journals. Review articles, short annotations and case reports are welcomed.

The Editors regret that publication of the *Reports* is at present considerably in arrears but hope that it will be possible to correct this in due course. The early submission of manuscripts for publication would greatly assist with this and prospective contributors are asked to submit their work as soon as possible.

The *Reports* are available to Guy's men and women at especially favourable rates: enquiries concerning subscriptions, or the purchase of single numbers, should be addressed to W. F. Cook, Esq., Hon. Treasurer, Guy's Hospital Reports, Medical School Office, Guy's Hospital, SE1 9RT.

100 Years Ago

JULY 5th, 1873

The duties of Extern Obstetric Attendants are never very pleasant, but during the summer months those Externs who are possessed of an ordinary amount of sensitiveness in their skins, feel their position exceedingly uncomfortable when, on entering a room, in which they may be destined to spend several anxious hours, they notice sundry red blotches on the walls varied here and there by black dots which latter, at times, give evidence of locomotive powers. A correspondent who has passed through all this, informs us of the means he took while Extern to preserve himself from the attacks of these black dots, and we feel it our duty, to make his plea of defence known for the benefit of present or intending Externs and for all such other persons as it may concern. One correspondent makes a strong solution of corrosive sublimate, about ten grains to the ounce, this he applies—not sparingly, beneath the collar of his coat, to the ends of his sleeves and trousers, and in all places over which the assailant has to pass. This he assures us has kept him almost free from bites, during a severe campaign in the Irish quarters.

AUGUST 2nd, 1873

A few days ago a child—who was greatly troubled with worms—swallowed a small piece of brass chain. Two or three doses of castor oil were given by the mother, with a hope of causing the chain to be passed by the bowel. The chain came away, bringing with it a round worm about nine inches in length, two links of the chain having passed, like rings, halfway over its body. The worm, with the chain around it, was brought to the Hospital on Tuesday and exhibited in the operating theatre.

Dr. McClelland, in his report on civil malpractices sets down as quacks those who assert in their therapeutics that the administration of 10^{-30} grains of common chalk produces no less than 1,090 symptoms.

Sherlock Holmes and Dr. Watson

A MEDICAL DIGRESSION

by MAURICE CAMPBELL, O.B.E., D.M., F.R.C.P.

I.—THE MEDICAL KNOWLEDGE OF DR. WATSON

Among the many well-known characters of Victorian fiction, Sherlock Holmes and Dr. Watson have found a secure place. For the middle-aged, who remember their adventures in old *Strand Magazines*, most modern detective stories provide a poor substitute, though the prototype on which they have been roughly modelled is only too obvious. During the last few years this interest las led to several investigations of the life history of Holmes and his faithful companion.* None of these has dealt specifically with the medical problems involved, though these are of great interest, for Watson's views can be taken as representative of the solid practitioner of the late Victorian age, and the more specialised and scientific knowledge as the special métier of Holmes. Had Watson not been a doctor the stories would have lost a good deal in accuracy. [In his *Harveian Oration* of 1944 Sir Edmund Spriggs has tried to show the important influence that a medical training had on many distinguished names in English literature.]

Naturally, when dealing with crime there must be many medical details, but it is surprising how many incidental references there are in addition, showing that Watson was really interested in his profession and looked at life from a medical angle. For example, instead of reading that Victor Trevor was the sole surviving child, which is all that is essential from the story, we are told that his only sister had died of diptheria in Birmingham (The Gloria Scott). Similarly we read that Dr. Grimsby Roylott's wife had been killed in a railway accident at Crewe (The Speckled Band), that Ronald Adair's mother had returned from one of the Australian colonies to undergo an operation for cataract (The Empty House), and that old John Turner, whose natural death was needed to save him from the gallows, had suffered from diabetes for some years (The Boscombe Valley Mystery). Possibly his limp, the impressions of which in the mud helped Holmes to trace him, may have been due to diabetic neuritis, for he died within seven months.

Since then, with the general use of anti-diptheritic serum (1896) and with the discovery of insulin (1922), two of these tragedies might

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*"*Dr. Watson : Prolegomena to the study of a Biographical Problem*," by S. C. Roberts (Faber & Faber, 1931); "*Sherlock Holmes : Fact or Fiction*?" by T. S. Blakeney (John Murray 1932); "*Sherlock Holmes and Dr. Watson : The Chronology of their Adventures*," by H. W. Bell (Constable & Co., 1932). I did not allow myself to read Mr. Bell's scholarly masterpiece or the work he has edited more recently "*Baker Street Studies*" (Constable & Co., 1934) until I had completed this paper and, as will be seen, have not always reached the same conclusions about the dates of the stories.

have been avoided. And if it is still possible to be killed in a train, such a death is now rare compared with death in a motor accident.

Any medical reader must be struck by the careful descriptions of the appearance and build of some characters, and will notice that the diseases from which they suffered are often found in people of such constitution. For example, there is the excellent account of the mental and physical characteristics of one type of hypochondriac, Thaddeus Sholto: "A high head with a bald, shining scalp, and yet an impression of youth—his features in a perpetual jerk . . . He began at once on Watson's arrival—'Have you your stethoscope? I have grave doubts as to my mitral valve, if you would be so good. The aortic I may rely upon, but I should value your opinion on the mitral.' Watson listened and could find nothing amiss. When they left his house to drive to Norwood he finished his attire by putting on a rabbit-skin cap with hanging lappets which covered his ears. 'My health is somewhat fragile,' he remarked in this thin, high voice, 'I am compelled to be a valetudinarian' " (The Sign of Four). A troublesome type of patient whom we all know only too well.

Or we have the picture of the lady who killed the professor's secretary, who was so short-sighted that she was forced to wear concave glasses of unusual strength—"with remarkably thick nose, with eyes set close on either side, with a puckered forehead, a peering expression and rounded shoulders, and yet with a long and obstinate chin." In spite of her somewhat unattractive exterior she showed that she was a woman of high ideals and quick decisions (The Golden Pince-Nez).

Or again, the picture of Mr. Henry Baker, whose characteristics were so accurately deduced from his battered black felt hat—"a large man with a massive head and broad, intelligent face; a touch of red in nose and cheeks with a slight tremor of his hand," which recalled Holmes' surmise as to his habits. He spoke in a low staccato fashion, choosing his words with care, and gave the impression of a man of learning who had had ill usage at the hands of fortune (The Blue Carbuncle).

All these are familiar faces at Out-Patients, and we see Watson was interested in the constitutional types that are prone to particular diseases, a study brought to a more formal and scientific status by recent researches (Draper, G., *Human Constitution; A Consideration of its Relationship to Disease,* Saunders, Philadelphia, 1924). As another illustration there is the picture of James Armitage, alias Trevor, who died from cerebral haemorrhage, probably from the posterior inferior cerebellar artery. On receiving a message about flypapers and hen pheasants, which meant so much to him and so little to everybody else, he began running round the room in little circles, and when laid on the sofa by his son his mouth and eyes were puckered to one side and a stroke was correctly diagnosed. The paralysis spread, and he barely recovered consciousness and died about twelve hours later (The Gloria Scott). Six months before he had had a short syncopal attack, and explained it away as due to a weak heart,

but almost certainly this must have meant high blood pressure with cerebral angiospasm rather than an ordinary faint, and the suddenness of the attack was stressed. His build bears out this diagnosis—he was a thick-set, burly man, with a brown weather-beaten face and blue eyes keen to the verge of fierceness; he must have been about forty-eight, and had had a hard life in the goldfields of Australia.

In all stories of this type, murder and sudden death must figure largely, and the way in which these are handled gives a good indication of medical knowledge. Watson realised clearly that, where death took place almost at once, it was generally from injury to the heart, *e.g.*, William, the coachman, who never spoke again, was shot through the heart (The Reigate Squires); Hilton Cubitt died instantaneously, for the bullet has perforated the heart (The Dancing Men); and Strangerson, who died so quickly that even in Halliday's Private Hotel no one heard a sound, had received a deep stab in the left side, penetrating the heart (The Study in Scarlet).

On the other hand, when Woodley boasted that Carruthers was too late because Violet was now his wife, and received a revolver bullet through his chest with the prompt reply, "No, she's your widow," Watson was at once able to say that he would live, in spite of his dreadful pallor, because the bullet had only passed through his lungs (The Solitary Cyclist). In the same way the young secretary had time before he died to murmur, "The Professor—it was she," when he was stabbled by the short-sighted lady and received a small, deep wound which divided the carotid artery (The Golden Pince-Nez). Watson himself had been more fortunate when he was wounded in Afghanistan, for the bullet just grazed the subclavian artery (The Study in Scarlet), and after his wound had healed left him with nothing worse than occasional rheumatism.

Watson realised, too, that, apart from the heart, the medullary centres in the brain are most likely to produce rapid, but not such instantaneous, death. McCarthy was killed from a heavy blow which shattered the posterior third of the left parietal bone and the left half of the occipital bone, but his son had time to run back 150 yards and hear his mumbled words about Ballarat (The Boscombe Down Mystery). Heidegger, the German master, when his skull was crushed by a savage blow, fell from his bicycle, mounted again and rode some yards before he died (The Priory School). Selden, the Dartmoor convict, when he fell on the rocks flying from the Hound of the Baskervilles, was heard to be moaning before he died from a fractured skull. We do not know how soon the trainer died after his skull was shattered by a kick from his horse, but he must have fallen unconscious at once, for he cut himself with his tenotomy knife as he was falling (Silver Blaze). On the other hand, when Watson found the groom unconscious, but with a terrible cut on the head, a glance told him that it had not penetrated the bone, so that he felt justified on hurrying on to try and rescue the "Solitary Cyclist."

In most of these cases enough facts are given for one to say that the results are such as would be expected medically from the previous events, and that Watson had accurate knowledge of these subjects.

Trevor's symptoms before his death are described so fully that one can make a diagnosis of the actual artery that ruptured and produced the fatal cerebral haemorrhage; almost certainly Watson must have witnessed such a case, because the description is more detailed than would be found in most shorter medical text-books.

There are two sudden deaths of special interest, because the circumstances were such as to raise a suspicion of foul play. In one we are told the finding at the inquest, and the facts described lead to the same conclusion; in the other the symptoms are given in sufficient detail to enable one to make the correct diagnosis.

Captain Morstan and Major Sholto were having a rather heated discussion about the Agra treasure when Morstan, springing from his chair in a paroxysm of anger, with his face a dusky hue, suddenly pressed his hand to his chest and fell backwards and cut his head on a box. Major Sholto found that he was dead, and as they had been quarrelling, even Sholto's own servant assumed that he had killed Morstan with a blow. Morstan had suffered with his heart for some years, and this, with the pain in the chest and the cyanosis, point to a syncopal attack associated with angina pectoris (The Sign of Four).

Colonel Barclay died under similar circumstances after a quarrel with his wife, and so she was accused of causing his death, but at the inquest the verdict was cerebral haemorrhage, with external injuries resulting from his fall. The converse was illustrated in a well-known murder trial of 1924, famous because of the finding of a knife and some revealing remains in a bag in a railway cloakroom, the defence being that the woman had injured her head on the fender by a fall, but the prosecution successfully maintaining that the injury to the head was the result of a blow (*The Trial of Patrick Mahon,* Famous Trial Series, Geoffrey Bles, London). In the story, the haemorrhage had followed the sudden shock of seeing an old rival, whom Barclay thought he had murdered twenty years before, at a moment when his blood pressure was already raised by quarrelling with his wife (The Crooked Man).

Both these natural deaths occurred as the result of emotional causes during quarrels. It is a popular, but incorrect, view that many illnesses are due to such external factors. Watson, however, has carefully chosen cases where it was likely to be correct, for excitement of any sort, especially anger, may precipitate an attack of angina or cerebral haemorrhage, whether by raising the blood pressure or otherwise.

It would take too long to review all that is of medical and scientific interest, but I have collected as examples most of the allusions to heart disease and to tropical disease because in these two subjects at any rate Watson seems to have been excellently informed.

DISEASES OF THE HEART

There are two detailed descriptions of heart disease and many shorter allusions, as well as the death from angina just described. Major Sholto died from left ventricular failure, probably secondary to high blood pressure; and orthopnoea is rightly emphasised by

Watson as a leading symptom. "When we entered his room he was propped up with pillows and breathing heavily . . . grasping our hands he made a remarkable statement in a voice broken as much by emotion as by pain. . . . At this instant a horrible change came over his expression—his eyes stared wildly, his jaw dropped, and he yelled, 'Keep him out.' We rushed to the window, and when we returned his head had dropped and his pulse ceased to beat." (The Sign of Four). No wonder his son, Thaddeus Sholto, became hypochondriacal about his mitral valve.

The other is a good description of an aortic aneurysm. When Jefferson Hope was arrested he remarked that he might not live for the trial. "It isn't suicide I am thinking of; put your hand on my chest," he said. "Watson did so, and at once became conscious of an extraordinary throbbing and commotion inside. The walls of his chest seemed to quiver as a frail building would when some powerful engine was at work. In the silence of the room he could hear a dull humming and buzzing noise which proceeded from the same source."

"Why," cried Watson, "you have an aortic aneurysm."

"That's what they call it," he said frankly. "I went to the doctor last week, and he told me it was bound to burst before many days passed."

I sometimes wish that you could all use an equally dramatic style in writing your ward reports.

The aetiology was wrongly attributed by Watson to exposure and under-feeding among the Salt Lake Mountains, but the prognosis was better than in a patient seen recently, who had been told eleven years before that his aneurysm might burst any day, for on the very night after his capture this happened, and he was found stretched on the floor of his cell with a placid smile on his face as though he had been able to look back on a useful life and on work well done. He was a robust and ruddy-faced man, tall and of great strength, and no doubt his hard-working life was a contributing factor in the production of the aneurysm.

The death of Sir Charles Baskerville was attributed to heart disease, and, though the medical details are fairly satisfactory, it is possible to be critical here. The newspaper account of the inquest said that there was no reason to suspect foul play or to imagine that it could be from any but natural causes. The evidence of the housekeeper was that his health had been impaired for some time, and that the breathlessness, changes in colour, and attacks of nervous depression pointed to some affection of the heart. Dr. James Mortimer, his medical attendant, "gave evidence to the same effect" (and I hope you will not have the same experience of your evidence being dismissed in this cursory fashion after so much attention had been given to that of the housekeeper). No signs of violence were to be discovered upon Sir Charles's person, but the facial distortion was explained as a not unusual symptom in death from cardiac exhaustion. The post-mortem examination showed long-standing organic disease, and the coroner's jury returned a verdict in accordance with the medical evidence.

But Dr. Mortimer had suppressed the finding of the footprints of a gigantic hound, and we know that it was in running desperately from this that his diseased heart gave out. My criticism here would be that facial distortion is not a usual feature of cardiac deaths; that angina pectoris is the only likely cause of sudden unexpected death, in which case he would probably not have moved from the gate, and that patients do not usually die in their first attack of angina (Dr. Mortimer would certainly have stated at the inquest that he had suffered from angina previously if this had been so) unless they have an infarct, which should have been revealed by the post-mortem. Perhaps this is expecting too high a standard, for though, of course, coronary obstruction was well known to pathologists, the clinical picture of cardiac infarction was not recognised till some years later (Herrick, 1912).

In any case Sir Charles had old-standing heart disease, presumably myocardial degeneration, and died from the effects of fright and sudden exertion on this diseased heart muscle. As he was about fifty and there was a family history of sudden deaths, it is all a very reasonable series of events from the medical point of view, and these minor criticisms only show what a high standard of accuracy Watson has led us to expect.

Among the shorter allusions we read of the young science master whose life had been crippled by heart trouble following rheumatic fever (The Lion's Mane), suggesting that Watson realised this was the most likely cause of heart disease in a young man. A later stage of rheumatic heart disease is described in Lady Beatrice Falder, who was known to have had heart disease and had been incapacitated by her dropsy for some years (Shoscombe Old Place); probably from the length of the history she had auricular fibrillation and mitral stenosis. When she died from increasing dropsy her brother tried to dispose of the body and employed someone to act her part, so that he might keep her estate long enough to win a fortune on the Derby. His ingenious scheme was rewarded, and the coroner took a more lenient view of the transaction than seems likely.

When the managing director of the mythical Franco-Midland Hardware Company was cut down as he tried to hang himself, Watson stooped down and examined his pulse. It was feeble and intermittent, but as his breathing grew longer Watson remarked that he would recover, though a moment before he was lying with a slate-coloured face, puffing his purple lips in and out with every breath (The Stockbroker's Clerk).

It is doubtful if the works of any other novelist contain descriptions of extrasystoles, of oedema due to fibrillation, of angina pectoris, of aneurysm, of rheumatic valvular disease, and of left ventricular failure and orthopnoea, with such careful adherence to medical probabilities.

On re-reading these stories one is amazed at the prevalence of fainting, and almost surprised to find a story in which someone does not faint. Fainting was generally regarded as the prerogative of the young lady of the Victorian age, but a quick perusal provided me

with twenty-one instances, and in thirteen of these it was a man who fainted.

One of the early examples gives the impression that Watson shared the popular delusion that fainting is likely to indicate heart disease (The Gloria Scott). Recollecting that he was trained at St. Bartholomew's Hospital and not at Guy's, this seemed only too likely, but subsequent examples did not support this, and generally in Watson's accounts, as in real life, the cause was simply shock or emotion, as when Watson himself fainted for the one and only time in his life on seeing Holmes return, as he thought from the dead (The Empty House).

There is a clear description of the whole condition with accurate details in one case when loss of blood was an additional factor: "Suddenly, however, as I ran a deadly dizziness and sickness came over me. I glanced at my hand, which was throbbing painfully, and saw for the first time that my thumb had been cut off and that blood was pouring from my wound. I tried to tie a handkerchief round it, but there came a sudden buzzing in my ears and the next moment I fell in a dead faint among the rose bushes. How long I remained unconscious I cannot say" (The Engineer's Thumb).

Dr. Huxtable's faint is of interest because Watson adds his observations and conclusions about the cause. He staggered against the table and fell prostrate on the hearth-rug. Holmes hurried with a cushion for his head and Watson with brandy for his lips. "What is it, Watson?" asked Holmes. "Absolute exhaustion—possibly mere hunger and fatigue," said Watson, with his finger on the thready pulse, where the stream of life trickled thin and small. The puckered eyelids began to quiver, and soon a pair of vacant grey eyes looked up at them; an instant later the man had scrambled to his feet, his face crimson with shame (The Priory School). Often the cause was purely emotional, and in this Watson has again made a correct observation. The occasion that seems most untrue to life was when a journalist fainted on finding a murdered man on his own doorstep, and was so upset by it that he was unable to make any copy out of the incident (The Six Napoleons).

In the Blue Carbuncle we have an example of considerable psychological interest, which, incidentally, shows the fallacy of the American methods of crime detection according to the emotional response. Horner, the plumber, who was innocent, gave signs of intense emotion during the proceedings, and fainted away at the end and was carried out of court; but Ryder, the hotel attendant, who was guilty of the theft, did not lose consciousness when he was unexpectedly accused by Holmes, though he almost collapsed and had to be revived by a drop of brandy.

In this question Watson followed the still prevalent lay tradition that brandy is the only treatment for fainting, and that it is more efficacious than other spirits for medical purposes. We frequently read of whisky being drunk for pleasure, but brandy no longer appears in this way as it did in the pages of Dickens. On the other hand, there are at least ten occasions when a sufferer was revived from a faint by brandy. But perhaps Watson realised that it was not really

essential, for on the two occasions when Miss Morstan, his fiancée, fainted, he only offered her water; however that may be, these were the only times that water was used instead of brandy.

We must feel that Watson observed an unusual amount of fainting, but that, with this exception, he has given a very accurate picture of it and fully realised that it was due to emotional and general causes and not to heart disease.

DISEASES OF THE LUNGS

Consumption is mentioned in several of the stories, and accurately, as a likely cause of death in a young person. Thus the young wife of the Cambridge rugger captain died of consumption of the most virulent kind (The Missing Three-Quarter), and it was the death of the consumptive tutor that led to the collapse of Stapleton's school (The Hound of the Baskervilles). When Moriarty wished to find Holmes alone he recalled Watson to the Swiss hotel with a faked message about the English lady in the last stages of consumption who had just suffered from haemoptysis (The Final Problem). In this Watson appeared to share the Victorian view that Switzerland was the correct treatment for consumption, or perhaps he merely knew that it was likely that a patient would be sent there by other doctors. He did not share the novelist's convention that the heroine, disappointed in love, went into a decline and died of galloping consumption, though when Miss Hetty Doran heard of the supposed death of her husband, whom she had married secretly, her father had suspected that she had a decline and had taken her to half the doctors in San Francisco (The Noble Bachelor).

Except for these cases of tuberculosis there is little about diseases of the lungs. Detective Athelney Jones, red-faced, burly, and plethoric, with a pair of small, twinkling eyes, which looked out keenly from swollen and puffy pouches, probably had chronic bronchitis and emphysema, for his breathlessness and wheezing are mentioned (The Sign of Four), and Mr. McFarlane had asthma (The Norwood Builder).

NERVOUS DISEASES

These appear in many of the stories, and Watson was evidently interested but his knowledge was less accurate than on other subjects; though we must remember that since then great strides have been made in psychology and in the distinction between diseases that are primarily of the brain and others that are of the mind.

Taking first those with a physical basis in the brain, two cases of cerebral haemorrhage have already been discussed, and here Watson's knowledge was first-class. St. Vitus' dance is a rather wide term in medicine, because it was originally applied in the Middle Ages to a hysterical dancing gait (chorea major), which was often cured by a pilgrimage to the tomb of St. Vitus, as Zebern, and was unfortunately adopted by Sydenham, the great English physician, to a totally distinct disease with jerky movements caused by the effect of acute rheumatism in the brain (Sydenham's or rheumatic chorea).

(To be continued)

NURSING

The Male Nurses

There can be few people nowadays, who are not aware of the women's liberation movement, which appears to be gaining increasing popularity throughout the country. If these enthusiasts are to be believed, the women's lot is definitely not a happy one, and must be changed forthwith.

However, it does now appear, that there is unrest and dissatisfaction in another quarter, and that is amongst the males of the species, some of whom are apparently feeling very strongly that their masculinity is being eroded as a direct result of liberated women! Some also feel that they are being victimised and treated unfairly in certain professions and groups purely because of their sex, and regardless of their suitability in other aspects for any particular job.

Interestingly, it appears that nowhere is this feeling of rejection more strong than amongst the men who are nurses. A recent radio broadcast demonstrated this by interviewing a male nurse who, it seems, was extremely concerned about the fact that prejudice against them is evident from female members of the profession.

This comment must come as something of a surprise to many nurses, particularly when one considers the number of men who are now occupying senior posts in hospitals throughout the country.

Nursing, as everyone is aware, has, since the last century, been an occupation which recruits mainly female employees. Many men would doubtless reply to this by quoting the fact that the original nurses were in fact monks, and that for many centuries they continued to undertake this task. It is true that only in fairly recent times has it been predominantly a female profession, but nevertheless, over the last hundred years, it has traditionally attracted mainly women. Is it surprising then, that men are so distressed if they do in fact find that there is any resistance to their presence? After all, there are many predominantly male professions into which women have only been admitted with great misgivings, and where prejudice is still extremely rife. Is it not then only natural for women to wish to retain their identity?

It is a fact that the increase in the numbers of men who train as nurses should prove to be nothing but beneficial to the profession as a whole. If, however, they have to tolerate the same type of treatment as have women in the traditionally male professions, they will find that eventually this will disappear provided they are patient. However, if the men complain that they are being victimised, the situation will merely be exacerbated. Maybe they should for once follow the example of their female counterparts in other occupations and wait!

SPORT

TENNIS

Guy's vs. St. Thomas's. At Guy's Hospital, 24th July: Guy's Physiotherapists lost 5 matches to 4.

Guy's played well but unfortunately we were beaten. Two of our players were unable to play due to illness and I think this was reflected in the score.

The second couple, Sarah Peach and Lis Painter, were very successful indeed and won all their matches but unfortunately the first couple, Sue Leonard and Christine Gilchrist, only managed to win one out of their three matches. The third couple, Annette Pearson and Sally Watson, who kindly stepped in at such short notice, played well but their lack of match practice just swung the advantage to the opposition.

C.G. (Capt.)

CORRESPONDENCE

The Need for Scholarship

SIR,—I have just received the 2nd June, 1973, issue of the *Gazette*. Your sports correspondent indicates that the intake of students, has, for some time become almost totally dependent on academic achievements. It is true that scholarship becomes increasingly important in medical school as medicine becomes more and more scientifically orientated and the amount of knowledge to digest becomes greater. However, I believe that the highly technically trained individual who is also responsible for a personal service must have additional background.

I have always thought that American medical students possibly due to a highly competitive system were too academic and narrow in their thinking, but they at least do have a broader education with the advantage of three to four years of liberal arts and athletics of all kinds at the university undergraduate level prior to entering medical school. Even so, American medical schools seem to have made a tremendous blunder in recent years in using academic brilliance as the only denominator for entry into medical school; this I have personally witnessed at Stanford. This type of individual has been responsible for disrupting the university using power tactics to control the university and has attempted to exert his will on all others. They have in fact taken the law into their own hands and completely rejected the democratic means of changing the system. They have subscribed to anarchy. Fortunately the universities have awakened to this problem in time, made the necessary executive changes and happily it seems that no permanent harm will have been done. Nevertheless, for several years the universities including their medical schools, were almost bullied into submission by this arrogant, near-genius, highly academic group of students.

I sincerely hope that Guy's as well as the other university medical schools will take into consideration achievement in other activities as well as the academic in the choosing of medical students.

Yours faithfully,

ROBERT G. WALTON, M.D.
Associate Clinical Professor of Dermatology.
Stanford University Medical Center, U.S.A.

Take it or leave it

SIR,—It was with a sense of dismay—nay, horror— that I read the Hospital Superintendent's view of Dr. and Mrs. Barber's clashes with the administration. Is he really suggesting that it is such a simple choice—your career or your marriage? No, I do not think anyone could be so near-sighted. Perhaps he would prefer that any hospital doctor—senior or junior—should step down from his job if it interferes with his domestic life—and who can lay hand on heart and deny that that has ever happened to him?

Of course Dr. Barber's criticisms will upset Guy's men both in this country and abroad. These people should not be allowed to continue in the impression that the hospital is the epitome of faultlessness. The criticisms seem justified in view of the rough ride that some nurses are getting at a time when hospital staffing is reaching a crisis hitherto unknown in medical circles.

Any staffing system that can be so self-centred as to believe that employees must pick their jobs to suit the solidity of their marriages has a fundamental lack of understanding of people, which is, necessarily, the prime function of any administration.

Yours faithfully,

Dulwich Village,
S.E.21.

M. G. R. WILLIAMS

Round and round the garden . . .

SIR,—I would have sent this letter to the *Times*, but my past experience tells me that they only accept short, amusing letters. This is neither short nor amusing. However, as the links between Guy's and Brighton become closer, there will be an increasing number of doctors in my position; they will gain, I hope, from the story of my frustrations. I anticipate a series of letters along the same lines, provided that the editor remains willing.

I am on a rotation, Guy's—Brighton—Stanford University, California—Guy's. A study of page 18 of the Whitley General Council Handbook tells me that I am entitled to a 100% refund of the removal expenses from the first to second lap in my rotation. It advised me to fill in the necessary application form and send this with three tenders of three different furniture removing companies. So I began my search for the correct form.

The Medical Staffing Office put me on to the Counting House Annexe, who referred me to the Counting House, who sent me back to the Counting House Annexe. In desperation, I contacted Mr. Bailey, Chief Accountant, who was most helpful. He assured me that doctors coming from Brighton to Guy's were reimbursed by Guy's, but that doctors going from Guy's to Brighton got help from that end.

So I phoned the Royal Sussex Hospital Finance Office, who put me on to the Hospital Treasurer, who sent me to the Chief Accountant. He was most helpful, but told me that such matters are dealt with by the Brighton General Hospital (who have taken over from the Royal Sussex County everything concerning administration). Five telephone calls later, I reached the man in charge. He was new to the job and told me that he would find out and phone me back. He didn't. I did. He had left on holiday. Then my luck changed, and I found a very helpful man who told me that such affairs are the province of the South East Metropolitan Regional Hospital Board based in Croydon. I telephoned Croydon, and here the trouble really began. I went from department to department, and by my ninth attempt I reached, by serendipity, a certain Mr. Miles. He was exceedingly co-operative, and within minutes assured me that he could help.

May I suggest that any colleague anticipating a removal, should telephone Mr. Miles, Senior Administrative Medical Officer, 01-686 8877, Ext. 12, and omit the previous 27 telephone conversations.

Yours faithfully,

Department of Rheumatology,
Guy's Hospital, London, SE1 9RT.

ANDREI CALIN

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Senior House Officer/Registrar** (non-resident) in the Clinical Pathology Department to commence 1st October, 1973, until 30th September, 1974, in the first instance. The post provides a three-year training programme covering microbiology, clinical chemistry, haematology and morbid anatomy and is recognised for training for the M.R.C. (Path.,). Appointment will be at S.H.O. level in the first instance with promotion to Registrar.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **24th August, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of whole-time **Senior Registrar** in Orthodontics with duties to commence on the 1st November, 1973, until 30th September, 1974, in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **4th September, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Registrar/Demonstrator** in the Department of Dental Radiology commencing on 1st October, 1973, to 30th September, 1974, in the first instance with attendance on six sessions per week.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **4th September, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to the Thoraric Surgical Unit at Guy's Hospital commencing as soon as possible until 28th February, 1974.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **31st August, 1973.**

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Applications are invited for the appointment of **Senior Registrar** in Anaesthetics under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board, (Lewisham Hospital) for the period 1st October 1973, to 30th September, 1976, with the first year to be spent at Lewisham Hospital.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT., not later than **24th August, 1973.**

HOUSE APPOINTMENTS

1st September, 1973

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame.	Mr. T. K. Day *3 months*
	Mr. K. R. Daniels *6 months*
Dr. Hardwick, Prof. Trounce, Dr. Cameron anl Dr. Ogg.	Mr. B. J. M. Jones *3 months*
	Mr. R. G. Dent *6 months*
Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble.	Mr. S. C. Ng Tang Fui *3 months*
	Mr. P. J. Rees *6 months*
Prof. Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton.	Mr. A. James *3 months*
	Miss P. M. Curran *3 months*
	Mr. C. M. .C. Allen *6 months*

House Surgeons

Mr. Blakburn, Mr. Maynard and Mr. Ellis.	Mr. C. R. Franks *3 months*
	Mr. J. N. L. Simson *6 months*
Mr. Lawrie, Mr. Beard and Dr. Wayte.	Mr. N. J. B. Barnard *3 months*
	Mr. P. T. Calvert *6 months*
Mr. Glover, Mr. O'Flynn and Mr. MacArthur.	Mr. P. A. F. Hewish *3 months*
	Mr. M. J. Timmons *6 months*
Prof. McColl, Mr. Rendall and Mr. Bewick.	Mr. P. Mowschenson *3 months*
	Mr. D. B. O'Keeffe *6 months*

Gynaecological House Surgeons

Mr. T. R. E. Barnes. *3 months*	Miss J. K. Kirkwood. *6 months*

Throat and Ear House Surgeons

Miss P. S. J. Birch. *3 months*	Mr. A. E. Brown. *6 months*

Orthopaedic House Surgeons

(Including duties at New Cross Hospital)

Mr. T. P. Cutler. *6 months*	Mr. P. J. Loxton. *6 months*
Miss B. J. Way. *6 months*	

S.H.O. to the Renal and Transplant Units

Mr. P. J. Jackson. *3 months*	Mr. L. K. Jackson. *6 months*

Genito-Urinary House Surgeon

Mr. A. J. Pickup. *3 months*	Mr. D. M. G. Goodridge. *6 months*

Children's House Physician

Mr. A. E. A. Ford-Jones. *3 months*	Miss A. Garnons Williams. *6 months*

Casualty Officers

Mr. J. Lewis. *3 months*	Mr. A. Fenn. *3 months*
Mr. D. V. P. Thomas. *3 months*	Mr. S. M. A. Babar. *6 months*
Mr. A. J. Prisk. *6 months*	Mr. A. N. Johns. *6 months*

Resident Obstetricians

Mr. N. K. Barber. 3 *months*
Mr. J. C. Davies 6 *months*

Neurological House Physician

Mr. P. R. Powell-Jackson. 6 *months*

Dermatological House Physician

Mr. J. A. Dalziel. 6 *months*

House Physician in Child Psychiatry

Miss R. Greig. 3 *months*

House Surgeon to the Thoracic Unit

Mr. W. J. Jenkins. 3 *months* To be appointed later. 6 *months*

House Physicians in the Department of Psychological Medicine

Mr. R. R. N. Carvalho.. 6 *months*
Mr. K. E. Le Fevre. 6 *months*
Mr. W. R. Smith. 6 *months*

Resident Anaesthetists

Mr. M. L. Nancekievill. 3 *months*
Mr. J. H. Reynolds. 3 *months*
Mr. G. J. Ismail. 6 *months*
Mr. C. Thiagarajah. 6 *months*

Senior House Officers to Nuffield House

Mr. M. Stodell. 3 *months*
Mr. A. R. Sutherland. 6 *months*

Children's House Physicians at the Evelina Hospital

Mr. J. F. Price — from 1.4.73—30.9.73
Mrs. H. M. Powell — from 1.6.73—30.11.73
Mr. C. H. Collis — from 1.8.73—31.1.74
Mr. D. F. M. Thomas — from 1.10.73—30.3.74

Casualty Officers at the Evelina Hospital (part-time)

Mrs. A. Furtado. 3 *months*
Mrs. V. Wass. 6 *months*

ST. OLAVE'S HOSPITAL

House Physicians — Miss E. J. Eadie. 3 *months*; Mr. D. J. Atherton. 6 *months*

House Surgeons — Mr. W. A. C. McAllister. 3 *months*; Mr. D. R. McD. Campbell. 6 *months*

Gynaecologist House Surgeon — Mr. A. K. Bhattacharyya. 6 *months*

SHO in Psychiatry — Mr. P. Kulhara. 6 *months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, with Geriatrics and Rheumatology. — Mr. K. Clifford. 3 *months*; Miss C. Moynahan. 3 *months*; Mr. J. F. Grace. 6 *months*; Miss S. J. Brown. 6 *months*

Orthopaedic House Surgeon—see under Guy's.

SHO to Rehabilitation Unit. — Mr. C. Hortas. 6 *months*

BECKENHAM HOSPITAL

House Physician — Mr. W. J. F. Fitzpatrick. 6 *months*

House Surgeon — Mr. R. Burlinson.

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone. — Mr. S. Hanley. 6 *months*

House Physician to Dr. Elliott, Dr. Colover and Dermatology. — Mr. B. J. Holdsworth. 6 *months*

House Physician to Dr. Mallinson. — Mr. R. Ashman. 3 *months*

House Surgeon to Mr. Williams and Mr. Park. — Mr. N. J. Allen. 6 *months*

HITHER GREEN HOSPITAL

House Physicians in General Medicine and Infectious Diseases. — Mr. D. N. Gillman. 3 *months*; Mr. B. H. Boyle. 6 *months*

LEWISHAM HOSPITAL

House Physician to Dr. Price. — Mr. E. J. Evans. 3 *months*

House Physician to Dr. Roberts. — Mr. P. Ranger. 3 *months*

House Physician to Dr. Llewellyn-mith. — Mr. K. G. Nicholson. 6 *months*

House Surgeon to Mr. Lynn Evans. — Mr. R. G. James. 3 *months*

House Surgeon to Mr. Ivo-Smith. — Mr. T. J. Cox. 3 *months*

House Surgeon to Mr. Monty. — Mr. H. D. Fuller. 3 *months*

House Surgeon to Mr. Le Brun. — Mr. J. S. Strang. 6 *months*

House Surgeon to Mr. Cavendish. — Mr. D. J. Palin. 6 *months*

MILLER HOSPITAL

House Physicians to Dr. Hartley, Dr. Bassadone and Dr. Mallinson. — Mr. W. H. Konarzewski. 3 *months*; Miss T. J. L. Richards. 6 *months*

House Surgeon to Mr. Candy and Mr. Eldin. — Mr. J. P. Monson. 6 *months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and Mr. Rainer. — Mr. R. J. Walsh. 3 *months*

House Surgeon to Mr Walker-Brash and Mr. Lam. — Mr. G. L. Scott. 3 *months*

PEMBURY HOSPITAL

House Surgeons — Mr. H. W. Holliday. 3 *months*; Mr. R. E. Clifford-Jones. 6 *months*

House Physicians — Mr. A. J. N. Renshaw. 3 *months*; Mr. P. M. Boyce. 6 *months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physicians — Mr. A. J. Bennett. 3 *months*; Mr. R. J. Wilson. 6 *months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott. — Mr. R. Barry. 3 *months*

P. J. HELLIWELL
Superintendent

8th August, 1973.

BIRTHS

BARNARD: On 26th July, 1973, to Jean and Robert Barnard, of Emsworth, a son (Andrew Lindsay) brother for James.

STURZAKER : To Hugh and Ann a daughter Nicola Ann, a sister for Robert and John.

DEATH

ENGLESMAN: Suddenly, whilst attending a Dental Congress in Barcelona in April, 1973, Bernard Englesman, L.D.S., R.C.S.

CHANGES OF ADDRESS

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CORRECTION FROM LAST TWO ISSUES

Mr. and Mrs. F. S. Warner are now at Flat 11, 115A Ridgway, Wimbledon, London, S.W.19. Tel. 01-947 3644. We apologise for omitting the telephone number in the previous issue.

PAPERS BY GUY'S MEN

Franks, C. R. and others. Subcutaneous growth of human tumours in mice. *Nature*, 1973, **243**, 91.

Franks, C. R. and others. Long-term survival of HeLa tumours in mice treated with antilymphocyte serum. *British Journal of Cancer*, 1973, **27**, 390.

Yentis, I. Henoch-Schönlein purpura mimicking acute appendicitis and Crohn's disease. *British Journal of Radiology*, 1973, **46**, 555.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2220

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

"The plane for Dublin will leave when the big hand is on the three . . ."

It is not usual, nor often the intention of the Editor to venture into the political arena but the recent London bomb attacks mark such a development in the capital's violence that they warrant mention.

Assuming that the I.R.A. or at least a branch of it is responsible, one can only wonder at the political motives behind the bombing. Whether they are designed to show that the I.R.A., after its recent setbacks in Belfast, is still a force to be reckoned with or whether there is a genuine attempt to terrorise the whole of London one can only guess. They fail on both. The very act of bringing the bombing campaign to London suggests that the I.R.A. leadership in Northern Ireland is under very considerable pressure and the bustle of shoppers in Oxford Street testifies that few Londoners—let alone Britain as a whole—are seriously worried about the direct effects of the bombs. It is unlikely that the I.R.A. have sufficient resources to effectively terrorise London.

However, the development of an organised and concerted wave of violence—which London has not seen for many years—and the very real possibility of serious injury or death occurring in the near future must surely now present a strong case for outlawing the I.R.A. in this country. The government should seriously consider declaring the organisation illegal and thus facilitating the very difficult police task of preventing further violence in our still peaceful cities.

NEWS IN BRIEF

Dr. Maurice Campbell

On page 404 of this issue we present Part II of Dr. Campbell's Medical Digression as our own tribute to a great Guy's man.

Dr. Gavin F. Wilson

We should like to report that Dr. Gavin F. Wilson, who died on 22nd June, 1973, has generously bequested his collection of etchings to the *Gazette*.

Gas Conversion

Following the recent survey of equipment installed in the Hospital, the South Eastern Gas Board has indicated that the provisional date for conversion at Guy's Hospital is 29th April, 1974.

Publication Date

The next edition of the *Gazette* will be published on 22nd September, 1973.

NOTICE

The Physiotherapists' Charity Ball will be held on Saturday, 15th September, at Quaglino's. Double tickets at £7.65 may be obtained from Miss Aitken-Davies or Miss Hiliary Neville, School of Physiotherapy, or by application to the Editor.

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OBITUARY

Maurice Campbell, O.B.E., M.A., D.M., F.R.C.P.

Maurice Campbell, Consulting Physician to Guy's Hospital, died on 7th August, 1973, aged 81. He was one of the most eminent British cardiologists of his time and played an important role in the development of cardiac surgery for congenital heart disease.

John Maurice Hardman Campbell, born on 3rd December, 1891, the son of J. E. Campbell, F.R.S., entered Guy's Hospital Medical School in 1914 from Oxford University where he had obtained a First Class in physiology and been elected to a senior Demyship at Magdalen. After qualification in 1916 he went straight into the army and served in Mesopotamia and North Persia. He attained the rank of Captain, was twice mentioned in despatches and was awarded the O.B.E. for his services with a field ambulance unit. He returned to Guy's in 1919 when he was given a post as Medical Assistant. In 1920 he was medical registrar and a year later became chief clinical assistant to the Neurology department; in the same year he became a member of the Royal College of Physicians and proceeded to the D.M. at Oxford. He held a Beit Memorial Research Fellowship from 1923 to 1927 and for three years was a member of the staff of the physiology department in the Medical School. In 1925 he returned to clinical duties as a medical registrar. His interest in physiology and his work with Dr. Poulton in various aspects of oxygen therapy doubtless played an important part in the development of his interest in the circulation and cardiology.

In 1926 he was appointed to the consultant staff of the hospital as the fifth assistant physician. In the same year he began to work at the National Hospital for Heart Disease with Sir John Parkinson, the most eminent British Cardiologist of that time. He was elected Fellow of the Royal College of Physicians in 1929 and the next year was appointed to the consultant staff of the National Heart Hospital. He became interested in heart block and paroxysmal tachycardia, publishing important papers on these topics. In 1934 he gave the St. Cyres Lecture at the Heart Hospital: later in 1946 he gave the Lumleian lecture at the Royal College of Physicians on paroxysmal tachycardia.

He was one of the small group of British cardiologists who belonged to the Cardiac Club and when in 1937 this evolved into the Cardiac Society of Great Britain and Ireland he became the first secretary of the new society and served in this position until 1946. He was instrumental in starting the society's journal, the *British Heart Journal*, in 1938 and added its editorship to his other responsibilities. For many years he was almost solely responsible for the editing and preparation of the journal; later as this responsibility grew as the journal flourished under his direction he had to accept help but remained in firm control until 1958. He remained consulting editor until his death. His services to the Cardiac Society and his eminence as a cardiologist were recognised by his appointment to the Presidency of the Society

from 1956 to 1960. He played a major role in the formation of the British Heart Foundation and was its first chairman, thereby setting on its way the organisation which now supports the greater part of the cardiological research in Britain. He was awarded the Moxon medal of the Royal College of Physicians in 1966 for his contributions to British cardiology.

The natural course of his career and work was interrupted by the second Word War during which he acted as Superintendent of the E.M.S. hospital at Orpington, which was closely linked to Guy's and received most of the patients evacuated from Guy's during the air-raids. At the end of the war he was appointed full physician to Guy's and returned to his duties in London in 1946. At this time surgical efforts to alleviate some forms of heart disease were being made in several places and Russell Brock, as he then was, had already begun to plan his attempts at direct cardiac surgery. In 1947 Alfred Blalock came to Guy's for a month as one of the first exchange visitors from the Johns Hopkins Hospital; Maurice Campbell was ready and was able to present to him a series of children with cyanotic heart disease for his subclavian-pulmonary anastomatic operation. When Blalock returned to America, Brock continued the work and was able to work out his operations of pulmonary valvotomy and infundibular resection. Patients with congenital heart disease came to Guy's from all parts of the country and Campbell took up the challenge with enthusiasm. In 1948 he asked to be relieved of his general medical duties at Guy's and was then appointed the first consultant cardiologist to the hospital: in the same year he was elected to the Board of Governors and continued to serve as a governor until 1960. This period was the most fruitful and satisfying part of his career as he collected and studied numerous patients with congenital heart disease, wrote papers on his work and was inevitably closely involved in the commencement of cardiac surgery. At first a little hesitant about direct operations on the heart he was soon convinced by the Brock's successes and then devoted much time to the selection of patients for operation and the assessment of its results.

In 1956 he retired, because of age, from this appointment at Guy's but continued his studies in a follow-up clinic for another two years. Although he ceased active clinical work in 1958 he by no means gave up his interest and involvement in cardiology: relieved of routine clinical duties and the responsibilites of the *British Heart Journal* he settled down to the task of sifting through and analysing his collection of case records. The result was a continuing flow of papers, the last of which was published in February this year. The set-back of developing loss of vision caused only a brief interruption in his work until the cataract operations were successfully completed. He continued regularly to attend cardiological meetings and as late as the autumn of 1972 he went on a lecture tour in the U.S.A. from which he returned excited by what he had seen there.

Surprisingly, in view of the magnitude of the work load he bore for so many years, he found time to take a serious interest in Ornithology, even to the extent of having in 1954 an article published in

British Birds giving an account of his observations of bird-life in the U.S.A. made during a visit there shortly before. He also wrote erudite and entertaining articles about Sherlock Holmes, being a keen student of the Holmes legend and a member of the Sherlock Holmes Society.

Despite his eminence in British Cardiology, Maurice Campbell remained an unassuming, sometimes retiring person. He had a certain diffidence of manner in personal conversation which contrasted with his authority when speaking medically and which prevented many of his colleagues getting to know him well. He found his social pleasures within his own household and the family circle. In 1924, the year she completed her nursing training at Guy's, he married Ethel Mary, daughter of Captain Chrimes, O.B.E., and sister of Doris Chrimes whose death sadly also was recorded in this column only a few weeks ago. Two sons and three daughters survive him.

We mourn the loss of a great Guy's man who made a major contribution to British Medicine and we extend our deepest sympathy to his family in their great loss.

D.C.D.

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Sherlock Holmes and Dr. Watson

A MEDICAL DIGRESSION

by MAURICE CAMPBELL, O.B.E., D.M., F.R.C.P.

I.—THE MEDICAL KNOWLEDGE OF DR. WATSON

(Continued)

TROPICAL DISEASES

Tropical diseases, with their devastating onset, their dramatic treatment, and their fascinating natural history, in which rats or mosquitoes or liver flukes may play a part, have always been of great interest to the doctor travelling in the East: and, as Watson had "an experience of woman extending over many nations and three separate continents" (The Sign of Four), he must have travelled widely, and they could hardly fail to make a strong appeal. All the more so as he himself while recovering from his wound in India was stricken with typhoid which, no doubt, gave him a special interest in that disease.

Apart from Watson's own attack, when his life was despaired of and he became so weak and emaciated that he was invalided home from Peshawar, we are told that the first Mrs. Douglas had died of typhoid in California (The Valley of Fear). And the house in London in which Enoch J. Drebber, of Cleveland, was murdered (Study in Scarlet) was empty because the last tenant had died of typhoid and the landlord was unwilling to have the drains seen to. It is not quite clear from his last remark if Watson shared the Victorian lay view that bad smells were responsible for diseases such as typhoid, or if he knew that bad drains were only significant because they might contaminate the water supply. Anyhow, such an occurrence is now unlikely in London, and the virtual disappearance of typhoid in England with improved sanitation (the death rate was 174 per million in 1891-1900 and only 35 per million in 1911-1920), and its prevention, even during the Great War, by typhoid inoculation (Wright, 1904) must have given Watson immense pleasure, for he had described it as that curse of our Eastern possessions.

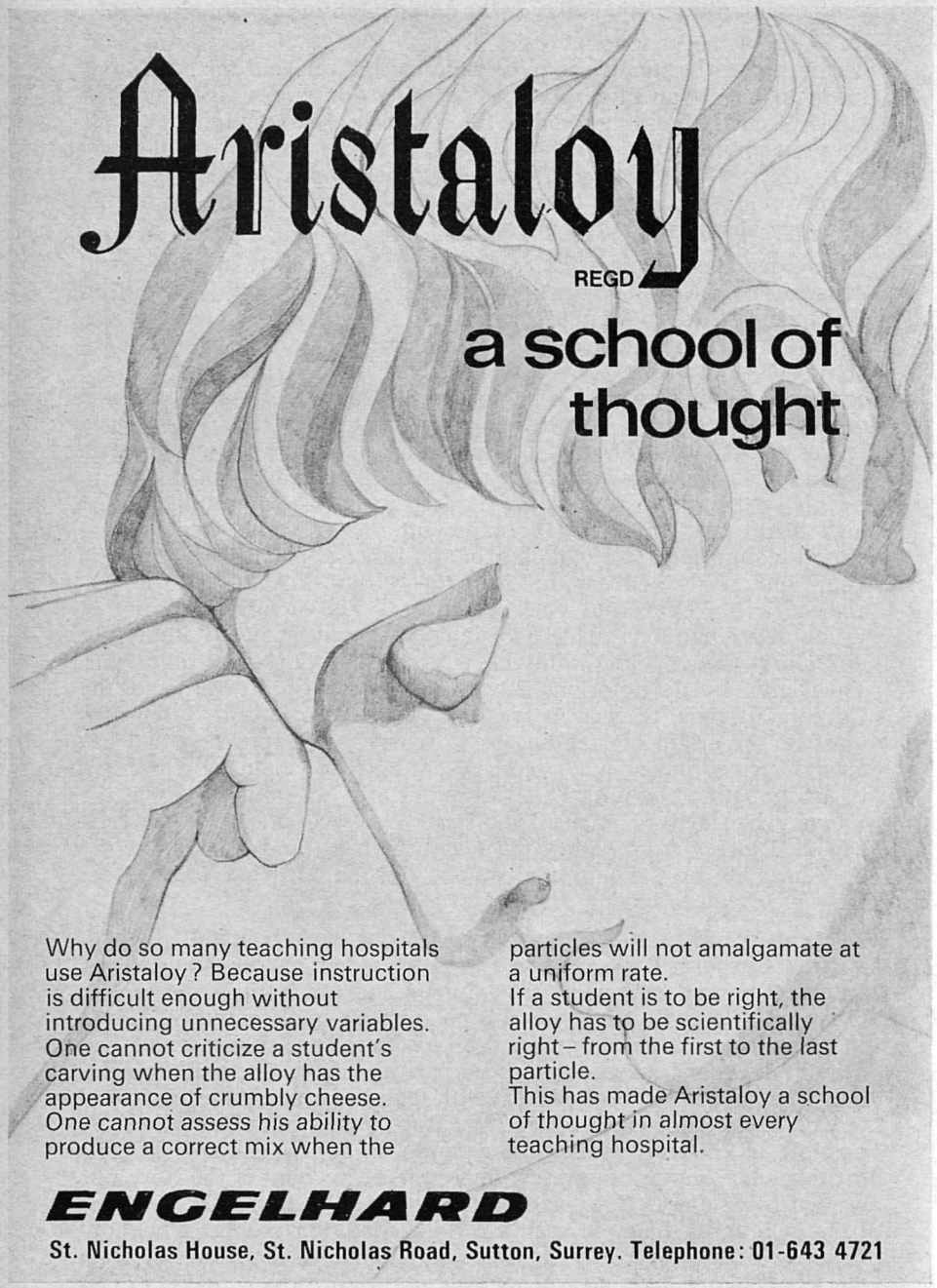
Malaria is one of the commonest diseases, and there are many references to it in the Sign of Four. Jonathan Small described his life in the Andaman Islands: "Twenty long years in that fever-ridden swamp, all day at work under the mangrove tree, all night chained up in the filthy convict huts, bitten by mosquitoes, racked with ague . . . that is how I earned the Agra treasure". As that was in 1888, he was quick to adopt Manson's six-year-old hypothesis that malaria was caused by the bite of the mosquito before its formal proof by Ross in 1898. Watson also realised that attacks rarely continued for more than a year or two after returning to England, unless there was a reservoir for re-infection, such as a large spleen, for we read that Major Sholto, of the Indian Army, had suffered for years from an enlarged spleen which was obviously malarial and accompanied by

recurrences calling for treatment, because he describes the chaplet of pearls as on his dressing table by the quinine bottle (The Sign of Four).

One of the prisoners on the ill-fated voyage of the *Gloria Scott* was in bed with jaundice, and, considering the rats and the conditions likely to have prevailed on a convict ship during the Crimean War (1854-56), it is tempting to guess that this was a case of spirochaetosis ictero-haemorrhagica, though the cause was not discovered till many years later (1915). Though this is a most infectious form of jaundice, there would have hardly been time for other cases to develop for the ship was blown up shortly afterwards.

Roger Baskerville died from yellow fever in 1876 in Central America, and Mrs. Hebron's first husband (The Yellow Face) from the same disease in Atlanta; most likely the Atlanta in Georgia, for, though it is rather high up and not on the sea coast, it would bring both sites into the yellow fever belt, and Mr. Hebron may have acquired the disease on a visit to the sea coast and travelled home during the incubation period; his death must have been about 1880. It was about 1900-1902 that Lazear and Reed proved its conveyance by an infected brindled mosquito, and that Gorgas made Havana safe by his systematic measures for the destruction of this mosquito, the high death rate which had been present for 150 years disappearing almost completely. Lazear died of the disease, and as we at Guy's know only too well from the death of Adrian Stokes (1927), it has always been a dangerous one for doctors. The terrible mortality of yellow fever had long made it of interest to non-medical authors, for in *Vanity Fair*, dealing with the period after the Napoleonic War, Thackeray sent the notorious Rawdon Crawley to be Governor of the Coventry Islands, whence he was not expected to return. Surely this must be the origin of "sending to Coventry", an expression that has always seemed puzzling. A more recent episode would have brought it again before the notice of the public, for in January, 1885, the *Iolanthe* had arrived in the Tyne from West Africa; six of the crew had died at sea from yellow fever and the mate and a boy were the only ones left on the ship, the captain and the other survivors of the crew of seventeen having deserted at Havre.

Finally, there is the description of the leper hospital in South Africa. Corporal Emsworth had been wounded in the shoulder and managed to ride some way till he fainted and fell from his horse. He managed to crawl to a house and put himself in an empty bed, but, to his horror next morning, found he was in a leper colony which had been in disorder because it had been partly evacuated during the fighting. The description of the lepers with their deformed limbs is characteristic of the late stages of leprosy. But the rest of the story, though possible, is certainly unlikely; we cannot in any way blame Watson for this, since he was not present and even the account of the story was written by Holmes. But one does feel inclined to blame Dr. Kent for being willing to diagnose such a serious condition as leprosy without better evidence, especially as Emsworth had only slept one night in the leper colony; like most people who are too ready to make a diagnosis on insufficient grounds, he was not at all willing to have his



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diagnosis questioned. The specialist whom Holmes brought realised at once that it was icthyosis; possibly ichthyosis histrix might have some very superficial resemblance to leprosy, but scleroderma would have been more likely to be mistaken for leprosy and would have been more likely to follow the shock of sleeping in the leper colony and the fear that he might have developed leprosy. Probably Holmes got muddled about what the specialist really said, as laymen often do; and here is another example of the many inaccuracies that would have been found had Dr. Watson not edited the stories (The Blanched Soldier).

II.—OF CHEMISTRY, ANATOMY, AND PHARMACOLOGY

When Holmes and Watson were students, physiology had not yet come into its own, and we must turn to chemistry and anatomy for their knowledge of the preliminary sciences. The chemical researches of Holmes and his work at the chemical bench are well known. When he first met Watson he had just perfected a test for haemoglobin which was to replace the old guaiac test (The Study in Scarlet), and even in his student days had spent seven weeks in his long vacation working out a few experiments in organic chemistry (The Gloria Scott). Later, during his absence from London, after the encounter with Moriarty, he conducted a research into the coal-tar derivatives at Montpelier (The Empty House) and scattered through the stories are shorter references to the work he carried on from day to day, such as the analysis of the acetones, at which he put in an all-night sitting during the adventure of the Copper Beeches.

Watson was fond of any reference to chemical work, and described Sholto's room which had been fitted up as a laboratory—the double line of glass-stoppered bottles on the wall, the table littered over with Bunsen burners, test-tubes, and retorts (The Sign of Four). In the early days he had described Holmes as a first-class chemist (The Study in Scarlet), and he must certainly have kept up his interest to carry out these investigations.

ANATOMY

But from the medical aspect we are more interested in Holmes's knowledge of anatomy. He was well up in this according to Stamford, and Watson tells us that his knowledge was accurate but unsystematic; if Miss Dorothy Sayers is correct in deducing that Holmes read the Natural Science Tripos and chose comparative anatomy as one of his subjects (*Baker Street Studies*), this might be expected, for Watson, like most doctors, would think that anatomy meant human anatomy. Holmes had not learnt anatomy as thoroughly as most medical students have to—indeed, Stamford states that he had not taken out any systematic medical classes—and it was Watson who identified the upper condyle of a human femur (Shoscombe Old Place), though it was Holmes who detected that the human ears had been preserved in salt and not in carbolic or spirit, as would have been the case had the parcel been the ghastly prank of a medical student from the dissecting room (The Cardboard Box).

But there were several more general anatomical points that

Holmes had studied deeply and referred to frequently — especially with regard to the head, the hands and the feet, He deduced the intellectual capacity of Mr. Baker from the size of his bowler (The Blue Carbuncle), and though this had been criticised because of the many exceptions, he was quite correct in the general rule, which has been used as late as this year in a research on the mental capacity of African negroes. Indeed, it is unlikely that Holmes would make such a mistake, for he was able to discuss skulls with the expert anthropologist Dr. Mortimer (The Hound of the Baskervilles), and had also written two monographs on the human ear in the *Anthropological Journal* of 1887.

The deduction of a client's occupation from its effects on the hands is frequently noted (the manual labour of Jabez Wilson, the typewriting of Mary Sutherland, the music of Violet Smith). Some time before 1888 Holmes had written a work on the influence of a trade upon the form of the hand, with lithographs of the hands of slaters, sailors, cork-cutters, compositors, weavers, and diamond-polishers. The same idea was developed in a rather different way in a series of papers by Lane (later Sir Arbuthnot), which dealt with the skeletal changes produced by different occupations such as the shoemaker, the coal-trimmer and the washerwoman, and were published between 1886 and 1888.[1] In one paper even the title is almost the same. It would be interesting to know if Holmes had read Lane's papers, or vice versa, or if this was another example of the simultaneonus publication of new discoveries by independent routes as in the famous case of Darwin and Wallace. [The third volume of the *Journal of the Linnean Society* contains papers read in July, 1858, by A. R. Wallace and by Charles Darwin, expressing similar views about natural selection and evolution; the more formal exposition followed in *The Origin of Species* by Darwin in 1859.]

As I have been unable to trace Holmes's paper, the following extracts from Lane's show the trend of thought: "The body—the changes in whose anatomy form the subject of this paper—was sent to the hospital for dissection. I was therefore enabled to observe accurately every structural variation that had resulted from the habitual performance of a definite series of movements, entailing the expenditure of a considerable amount of muscular exercise during the greater part of a long life-time of 73 years. Having concluded from a careful examination of the changes which the body presented that the man had been a shoemaker, I wrote to the infirmary in which he had died and was kindly informed that he was entered in their books as a shoemaker."[2]

"Let us now examine into the manner in which a vigorous labourer who carries a heavy load habitually transmits that weight

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References :

1. A Remarkable Example of the Manner in which Pressure-Changes in the Skeleton may Reveal the Labour History of the Individual. *Journal of Anatomy and Physiology*, xxi, 385, 1886-87.
2. The Anatomy and Physiology of the Shoemaker. *Journal of Anatomy and Physiology*, xxii, 593, 1887-88.

through his feet. . . . he has a well-formed inner arch to his foot. You will observe that the epidermis is thicker beneath the outer part of the heel than the inner, that it is also very thick along the outer margin of the sole, along the whole under surface of the pad and beneath the ball of the great toe."[1]

"What I wish to call attention to here is that the occupation of washing clothes is responsible for the production of very definite pressure changes in the joints of the hand and wrist."[2]

"The skin covering the patella and the upper portion of the tibia in front was dense and thick, as so commonly seen in charwomen or in those who do much scrubbing in the kneeling position."[2]

The changes in the right thumb were very similar to those in the left, the differences which were present being dependent upon the fact that the awl was held in the right hand and the string alone in the left."[2]

The words of Lane and the spirit of Holmes. It may not be generally realised that occupation has an equally or more striking effect on the bones of the skeleton, but I have given quotations dealing more with the external results because these are open to easy verification. It may be objected that Holmes could hardly have written such classics before he was thirty, but Lane was not thirty when he wrote these papers, and many men do their most original work at an early age, and in the rest of their lives apply these observations to practical affairs.

Holmes was particularly interested in footprints, and made many deductions from them, and was familiar with plaster of Paris for obtaining many casts of them. He made a good deal of use of the relationship between the length of the stride and the height (Sign of Four, Study in Scarlet, and Boscombe Valley Mystery); he does not give us the formula on which he worked, but it was probably:—

Height (in inches) = Length of stride (in inches).

The picture of Holmes on the scent of footprints and the amount he was able to deduce are among the most attractive we possess, and outstanding among these is the Adventure of the Priory School with the bicycle tracks and the horses shod with special shoes to simulate the hooves of cows.

References :

1. Deformities which develop during Young Life. *Guy's Hospital Reports*, xliv, 241, 1886-87.
2. Some Changes in the form of the Spinal Column and Joints of the Hand: illustrated by the Anatomy of the Charwoman. *Guy's Hospital Reports*, xliv, 359, 1886-87.

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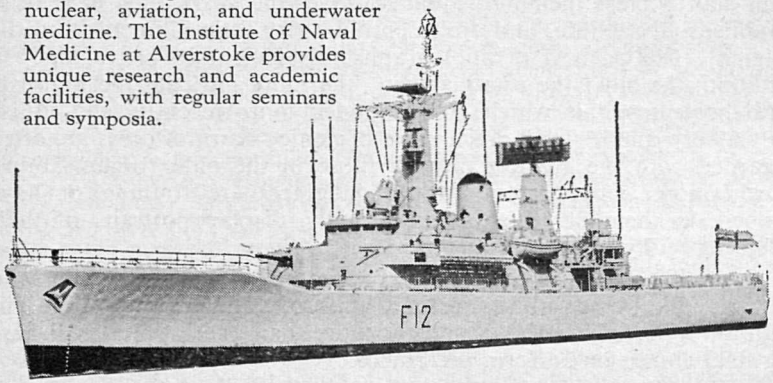

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NURSING

THE NATIONAL UNIFORM

The question of whether or not nurses should be compelled to wear a national uniform, has been a subject of debate for some considerable time now. The committee elected to select a suitable design for such a dress produced its results in the late 1960's and since then, the matter of its adoption has been considered.

Discussion of uniform always provokes many demonstrations of strong feelings, and reluctance by many to relinquish their own particular mode of dress. To many, particularly the lay public, this may seem a little strange, when they can see that the uniforms are in many instances outdated and impractical. But it is interesting to see that young nurses who, when out of uniform, adopt forms of dress which clearly show their rejection of all conformity in this respect, should in many instances fiercely defend the continuance of a tradition which can only be described as old fashioned, having been in existence for over a century.

Nurses' uniforms are, of course, the way in which hospitals and their staff express their individuality. Over the years, they have been modified only a little, and are essentially very little different from the original. Comparison of photographs is sufficient to prove this. In addition, the older the establishment, the more intricate the uniform, and those hospitals which were founded more recently, and utilise only a very simple—and much more hygienic—form of dress are often regarded with the greatest pity by those in the older organisations. Furthermore, most parents whose daughters are training or have trained, in the older institutions, proudly display portraits of their offspring "fully rigged" for all to see.

Another aspect of this question is the attitude of the public, who normally like to see nurses in their uniforms, and frequently the girl with an opportunity of a vacancy at more than one hospital will base her final choice on uniform preference.

The main drawbacks of traditional uniforms are the expense and laundering difficulties, resulting in nurses having to wear one dress for several days. This difficulty would be overcome by the institution of a national uniform. However, the material of these is, one imagines, very uncomfortable to wear. Furthermore, most hospital laundries are, to say the least, inefficient. How then would they manage the extra cleansing of up to one thousand additional pieces a day and, finally, who checks these for repair before reissue?

It seems unfortunate that one of the last expressions of individuality in hospitals is to be removed. Surely a compromise could be reached, thereby allowing hospitals to retain their own uniforms with modifications to improve comfort and hygiene. Unfortunately, it seems that nurses will have to exercise great pressure in order to prevent a situation in which they will all look alike, in a dress which will do nothing to enhance their general appearance. One thing it will achieve, however, is complete uniformity!

CORRESPONDENCE

The Barber-Surgeon

SIR,—I have followed the correspondence concerning the case of Nurse Barber with interest. Perhaps you will allow a few more words on the subject.

Although Nurse Barber has had to give up her position of Senior Staff Nurse due to the tight nursing rota necessary for the maintenance of standards in Guy's Hospital, she will probably gain the experience she needs as an agency nurse in other hospitals. Even if she does not, she will be well compensated by an increase in salary if she joins an agency.

It is well recognised[1,2] that one area of nurse "wastage" rests in the loss of married women from the profession and this is all the more acute in that people are marrying younger than they used to. In the Briggs Report of the Committee of Nursing (October, 1972) recommendations are made for training schemes of mature candidates to return to nursing on a graded part-time scheme (depending, for example, whether they can attend during school holidays). The report also recommends, in spite of the cost, that crèches and other means of looking after children are set up so that there is a practical possibility of these women returning to part-time nursing. Strangely, however, I could find no mention of the young, newly married nurse who is almost ready to work as a single nurse—but not quite—and who would greatly enhance her abilities by continuing to work. In view of this new outlook, I think that it is a pity that there is no recognised scheme in the teaching hospitals (that I have heard of) that caters for nurses like Mrs. Barber.

I believe we have a new situation evolving in nursing where mature candidates will be re-introduced into the system on a part-time basis while their younger counterparts drop out from direct employment by the hospital due to tight rotas and low pay. I do not agree with Dr. Helliwell that, in principle, inability to conform with a particular rota should preclude a young nurse who has just married from seeking skilled employment. I respect his judgment that in this particular instance, it was just not possible.

So many nurses are opting for agency work now that Sir Keith Joseph was forced to say, in Parliament this year[3], that "termination of the use of agency nurses in the N.H.S. and exclusive reliance on directly employed staff would mean a serious reduction in the service of patients in some areas". For the same reason, the Teaching Hospital Association is setting up a non-profit making agency in October.

From these trends, it seems to me that the hospitals' nursing administrations are "losing out" on two counts: (1) insufficient pay to attract and keep qualified staff[4], and (2) in their attempt to maintain personnel at an adequate level they lose a number of their qualified staff who cannot comply with their demanding rotas. I should not be surprised if this is occurring at Guy's at present.

Much debate is occurring at present on nurses' pay and, hopefully, directly employed staff will have better salaries. This may, in time, lead to a greater number of applicants which would enable there to be, safety, greater flexibility in duty rotas than are at present possible. Perhaps someone would care to argue with my hypothesis on how "the case of the dissatisfied resident" came about? It may be quite erroneous but it does have the advantage of showing how stress on both sides builds up to create a grievance in which each feels that the other is unjust.

I am firmly convinced that more talking should be done in the hospital so that, in particular, "all staff should be aware of the policy of the organisation" as recommended in the report of the Royal College of Nursing in 1972 (p. 30). I do think the nursing administration at Guy's remains open to criticism on this point in a case which aptly demonstrates a major area of disagreement.

Yours faithfully,

CLARE MOYNAHAN.

New Cross Hospital,
Avonley Road, London, SE14 5ER.

References :

[1]—Royal College of Nursing Report, 1972.

[2]—Committee on Nursing: The Brigg's Report, October, 1972.

[3]—As reported in the *Nursing Mirror* of 20th July, 1973.

[4]—R.C.N. Report, 1972, and recent discussions as reported in the *R.C.N. Journal.*

Qualities, Relationships and People

SIR,—Far being an intention to set up a bickering correspondence; one feels, however, the need to make adjustments to Mr. Balean's (is he a male nurse?) nebulous reactions and comments to my letter on qualities and people.

Different generations may admire, go along with, or reject qualities of service offered to them according to their standards and the jurisdiction they have over-imposed and/or prevalent conditions. It would seem obvious from reactions that people on the receiving end of bureaucratic administration at the present time are not happy with personal attentions they do not receive. I thought this clear in my previous letter.

London Teaching Hospitals were and maybe still are, somewhat insular against what goes on outside their own walls. I pointed out that this does indeed affect them in administration and the service people give.

The second paragraph in Mr. Balean's letter may well fill my generation with greater misgivings. I quote: " . . . the doctors' personality faults of I-ness, pride, sense of superiority, anger and opinions about authority" etc. His conception of staff relationships between doctors and nursing staff evokes lack of co-operation and prevalent jealousy—this "we and they" so acrimonious.

It would appear to my generation that doctoring and nursing are a partnership, with the patient as the focal point. Professionally, the doctors learned much from the nurse, conversely the nurse from the doctor with great benefit to the patient. Communication is important. What goes on in the patient's mind is extremely important along with the assessment of his bodily dysfunctions and discomforts—a fact I find less well attended to in modern times.

Self-centred conveyor-belt efficiency may make administration easier but human needs of the patient are paramount in proper patient care. Political gambit was pertinent, meaning an opening in Chess involving the sacrifice of a pawn. In party politics, people are the pawns.

I am pleased and proud to state that no governmental grants (possibly supplied by taxpayers in greater need) ever helped me along with my career; I ran on my own steam. I think Guy's was a happier and more kindly place when it also ran on its own steam ex-governmental control. The removal of personal responsibility is a national deterioration.

Yours faithfully,

M. S. GRIFFITH.

Moonrakers,
Mawgan Porth, North Cornwall.

Dr. Kevin Francis Anderson

SIR,—Guy's colleagues of Dr. Kevin Francis Anderson will be saddened to learn of his untimely death from coronary occlusion on 4th July, 1973 at the age of 48. I first met Kevin Anderson when he was Lecturer in Bacteriology at Guy's Hospital, whilst I was Registrar to the Neurosurgical Unit which was then housed on the first floor of York Clinic. In those days he was already showing a refreshing awareness of the clinical urgency of problems of infection in neurosurgical patients as well as a wide scientific knowledge of the clinical applications of antibiotic therapy. At that time Penicillin-resistant strains of staphylococci were beginning to invade hospitals and pose serious threats: he collaborated in the initial trials of intrathecal Chloramphenicol which undoubtedly saved the lives of several patients with staphylococcal meningitis. In 1957 he came to South Australia to take charge of the Bacteriology Division of the Institute of Medical and Veterinary Science at the Royal Adelaide Hospital and rapidly established himself as a clinical bacteriologist of outstanding qualities. His opinion on the diagnosis and treatment of microbial infections of the central nervous system was eagerly sought and his skill in the identification of organisms in the cerebro-spinal fluid was soon widely recognised. He was, however, not a pure laboratory bacteriologist; almost always his opinion would be re-inforced by a visit to the patient's bedside and a discussion of the clinical problem with the consultant. He was at his best when dealing with cases of cerebral abscess. He would come to the theatre at any hour of the day or night to take a specimen of pus; he would disappear to his laboratory for ten or fifteen minutes and then return to the theatre not only with an identification of the causative organism but with advice as to the most appropriate antibiotic to inject into the abscess cavity, based on his wide knowledge of the antibiotic sensitivity of the currently prevalent organisms. I cannot recall any instance in which his judgment of the situation at the preliminary aspiration of a cerebral abscess was subsequently shown to be faulty by the cultures. He seemed to positively enjoy being called from his bed in the small hours of the morning on such occasions; this keen appreciation of the clinical urgency of bacterial infections led to the development of a clinical bacteriology service which I venture to say was second to none.

He did much to improve the standards of asepsis in teaching and practice within the Royal Adelaide Hospital. His regular attendance in the wards and operating theatres of the hospital led him always to propose common sense modifications to existing practices in order to deal with potential or actual problems of cross-infection; and he was not afraid to stick to his guns

when he could see real dangers existed. Thus his demonstration of the dangers of unsterilised woollen blankets as a source of infection was regarded as rank heresy at the time but subsequent research completely vindicated his views. His familiarity with the clinical scene also earned him the right to be critical of unsatisfactory standards of patient-care and his views on such matters were widely respected. In addition to his clinical and laboratory responsibilities he found the time to write sixty-six scientific papers, publish a text book and two handbooks and conduct fruitful researches. He was in great demand as a bacteriological consultant by public health authorities and country and interstate hospitals, both within South Australia and in other states of the Commonwealth. He was the fortunate possessor of a very well organised mind which enabled him to arrive rapidly at the crux of a problem and to solve it without ever appearing to be in a hurry. These characteristics made him a particularly attractive professional colleague and a valued personal friend. His untimely death will be a great loss to South Australia and to his wife, Pamela, herself a Guy's nursing sister, and his three daughters we extend our deepest sympathy.

Yours faithfully,

T. A. R. DINNING, F.R.C.S., F.R.A.C.S.

North Terrace,
Adelaide, S.A. 5000,
Australia.

SIR,—Dr. Kevin Francis Anderson left Guy's Hospital Medical School at a relatively early age to take up an appointment at the Institute of Medical and Veterinary Science in South Australia. It may therefore be of interest to his former colleagues to learn something of his outstanding career in this country before his untimely sudden death on 4th July, 1973, at the age of 48 years. His career was that of a brilliant microbiologist and he held the positions of Director of Clinical Microbiology at the Institute of Medical and Veterinary Science and Consultant in Clinical Microbiology to the Royal Adelaide Hospital. He also served on two Advisory Committees of the National Health and Medical Research Council of Australia (Food Microbiology and Antibiotics (Reference)).

He entered Guy's Hospital Medical School in September, 1942, and qualified M.B., B.S.(London) in April, 1948. In January, 1947, he was awarded the Golding Bird Scholarship and Gold Medal in Bacteriology. While still a student, he published a monograph on "Finger Infections" in which he pointed out the value of treatment by penicillin of pulp infections and paronychiae. After serving with the Royal Air Force, he returned to Guy's as a Junior and then Senior Lecturer in Bacteriology. He obtained his degree of M.D.(Lond.) by examination in 1951. He was later elected a Foundation Member of the Royal College of Pathologists of Australia and of the Royal College of Pathologists. He was also a Fellow of the Royal Australasian College of Physicians.

He came to this Institute in South Australia as Head of the Bacteriology Division in 1957 and in a very short time, it was realised by all members of the staff that the Institute and the Royal Adelaide Hospital were indeed fortunate to have such a man. It was universally known that, when called, Dr. Anderson would appear at the bedside of any sick patient, day or night, within fifteen minutes. Nothing was too much trouble for him and his opinion on bacteriological problems was very greatly respected. He showed extraordinary ability as a Lecturer in Clinical Microbiology both at the undergraduate and postgraduate levels. His lectures to medical students at the University of Adelaide commanded a universal 100 per cent attendance. He always spoke without notes, he delivered his subject in perfectly chosen English, interspersed with the wit and humour which he possessed.

In his work, he was particularly effective in solving difficult problems such as the origin of a typhoid or diphtheria carrier and in elucidating the cause of outbreaks of food poisoning. In those areas his services were sought outside South Australia. His work with Dr. David Crompton on the danger of adding unsterile eye drops to damaged eyes resulted in

changes to the regulations governing the sterility of eye drops in the United Kingdom, the U.S.A. and Australia. The Salmonella Reference Laboratory, for which he had overall responsibility, has discovered seven new strains of Salmonellae and has gained recognition by W.H.O. as a Reference Laboratory for South-East Asia. His work on cross infection in hospitals showed the danger of using unsterilised blankets and his recommendation that cotton blankets should be used in a country so dependent upon the production of wool created quite a furore in its time. The end result was, of course, further work by the wool industry to produce woollen blankets which could be sterilised. He visited many country hospitals in South Australia, giving advice on problems of sterilisation by autoclaves and the production of sterile water for operating theatre use.

His bibliography contained sixty-six publications in the scientific literature, one Handbook and two Text Books. The "Clinical Practice of Bacteriology" is quite a recent addition to text books on this subject.

From February, 1971, until the time of his death, he was working intensely with his Graduate Assistant, Miss Adele Jamieson, upon the problem of amoebic meningo-encephalitis. This unexplained disease had caused considerable worry and distress amongst the populations of the northern towns of South Australia. They were able to obtain the causative organism in liquid culture media so that pure cultures could be obtained for immunological studies. They demonstrated that there was a peculiar problem in South Australia in that the organism appeared to increase rapidly under certain conditions in the pipeline supplying water to these northern cities. The success of the programme of heavy chlorination and other public health measures which resulted in the occurrence of no new cases last year is a direct result of this research. He was the first to isolate the pathogenic amoeba from soil and the first to show that amoebae obtained from the environment would produce meningo-encephalitis in mice. At the time of his death he was working on the identification of the toxin produced by this organism and on a new antibiotic which is not yet in commercial use but which is very promising. It does not appear to have the toxic side effects of Amphotericin B, the only other known effective chemotherapeutic agent.

Of the man himself, Kevin Anderson was a humble, retiring and self-effacing man. He was everyone's friend and his capacity for work was extraordinary. He was a scientist but he was also a very good and astute physician and he loved his clinical contact with patients whose problems he always put first. South Australia has indeed good reason to be grateful to Dr. Kevin Anderson and I know that the medical profession, who held him in such high esteem, would wish to extend their very sincere sympathies to his widow and three daughters.

Yours faithfully,

J. A. BONNIN, M.D., B.S., F.R.C.P.A., F.R.A.C.P.
Director, Institute of Medical and Veterinary Science.

Frome Road,
Adelaide, South Australia.

Academic Arrogance

SIR,—With regard to the letter from Dr. Walton in relation to academic brilliance as the only or main qualification for acceptance to a university or medical school, I can only suggest that it is naive to think that all the problems which have occurred at various universities throughout the world are due to an "arrogant, near-genius, highly academic" group of students. It would seem to be obvious that sociological, psychological, financial, racial, political and many other factors, singly or combined, have to be considered in trying to analyse the causes of what has happened or is still happening in universities. What does Dr. Walton suggest should happen to applicants who are academically brilliant at school?

Yours faithfully,

J. JOSEPH.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

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M. W. Gill	J. W. Mason
R. G. T. Glynne-Jones	Deborah A. H. Pacy
Teresa J. Leverton	Christine J. Smith
T. Listerud	M. C. Wake

The following General Certificate of Education Candidates have qualified for exemption from the First Medical :

T. S. Abrahmsohn	N. J. Middleton
Helen J. Ash	C. J. Mitchell
Sylvia Askin-Edgar	Carol A. Nixon
Clare Z. Bennett	S. M. Oppenheimer
S. C. Cole	Dorothy E. Paterson
A. M. Dighé	Lesley M. L. Peacock
Katharine J. Dismorr	Janet Rockall
Jane R. Graham	P. M. G. Rosie
B. F. Hagan	N. S. Singer
D. C. Hughes	G. J. Tamlyn
R. P. Ingham	A. B. Tidman
C. J. Jackson	Sally E. Ward
P. J. Jones	J. R. Wells
H. J. Longton	D. L. Williams

2nd M.B. for External Students

June/July, 1973

S. G. Aruoture

2nd M.B. for Internal Students

June/July, 1973

Kathryn E. Allen	C. M. Martin
Patricia H. Cunningham	K. Radia
D. R. Fine	Mary J. Rona
M. J. Gleeson	P. McE. Tillman
A. R. B. Harris	P. W. Timms

3rd B.D.S.

June, 1973

Pass List

O. M. Bjornaas	Elizabeth J. Merrett
M. J. Borsberry	G. R. Newman
R. M. Bye	Monica R. Symes
J. A. Clark	S. H. Troughton-Smith
P. A. Cooper	R. L. Wood
D. G. Jones	

PART I

J. V. O. C. A. A. Almeida	H-V. Knudsen
	Rosalie Lamensdorf
Janice Baker	T. P. McDonnell
Ruth M. Becker	A. J. H. Markham
R. A. Beioley	Judith Maw
M. P. Bennetts	S. Merali
J. Burgess	E. Olsen

A. M. Campbell
H. T. Davies
G. R. W. Edgar
G. P. Feaver
J. A. Fewster
N. L. Fisher
Margaret H. Gair
Anne P. Gledhill
C. D. Grant
M. A. Hargreaves
J. H. Harker
Yvonne M. Hodges
F. S. B. Hollinshead
J. D. Ireland
M. W. Jones
N. S. Jones
P. R. Jones
J. P. Kaspar
A. M. Kingon
R. H. E. S. Kirschen
R. Omar
R. A. Parham
R. Rajarayan
G. H. Rhimes
J. F. C. Schnetler
J. A. J. Serenyi
M. W. H. Shipway
A. J. S. Smith
P. B. Smith
Belinda J. Springett
R. J. H. Steel
C. P. Stuart-Bennett
M. P. Szasz
R. Terry
P. Treasure
R. S. Vivian
J. T. Wade
Menna Wilkins
C. D. Williams
J. P. S. Williams

PART II

Frances E. Abels
S. M. Bateson
Jean A. Bellingham
M. S. Broadbent
P. C. Coley
K. J. Cottingham
I. C. Dutton
Laetitia M. Finlay
R. Hartley
G. A. Irvine
S. Likimani
D. P. Mills
Y. Mohamed
Geraldine F. O'Connor
D. R. Pickering
P. N. Read
K. F. Rigg
S. H. Sachedina
Diana E. Spencer
J. B. Zukowski

PART III

Frances E. Abels
R. G. Bailey
T. B. Barnes
Heather M. Baugh
W. A. V. Beare
R. A. Burn-Murdoch
R. N. W. Clark
A. K. C. Cracknell
M. H. Danford
I. S. Dean
J. E. Dyson
T. R. Evans
E. J. Gavin
Judith A. Green
J. A. Gregory
Jill E. Harris
P. W. Harvey
Rhona E. Hickman
A. H. K. Hirji
P. Hodgkinson
J. L. Hunt
N. P. Hunt
D. R. Jackson
Anna-Krystyna Korszun
D. F. Lindsey
Ciarán P. McCarthy
P. J. C. McDermott
D. W. Macpherson
J. B. Mahood
Fiona Marsh
M. D. Morris
D. Mould
G. Moulding
Sheila C. Owen
E. L. Pigot
M. Pollock
Jennifer J. Riches
D. B. Robinson
R. J. Robinson
Ann M. Rothman
P. G. M. Rowntree
D. F. S. Shaw
P. N. Sheppard
Diana E. Spencer
Elizabeth M. Thomas
H. F. Thomas
G. Yeates

PAPERS BY GUY'S MEN

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CHANGES OF ADDRESS

Derek and Kate Biggs have moved to: 21 Fernhurst Gardens, Aldwick, Bognor Regis, Sussex, PO21 4BA. Tel.: Pagham 2775. We apologise for the error in printing the above change of address under the name of "Briggs" in our issue of August 4th.

Mr. and Mrs. M. Malleson and family will move to 15 Poynings Way, Woodside Park, London, N12 7LP, on September 11th, 1973. Tel: 01-446 2604.

PERSONAL

OPPORTUNITY will shortly occur for young experienced dental practitioner to join exclusve Private Partnership, S.W.1. No N.H.S. 8, Lower Sloan Street, S.W.1.

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We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, please indicate whether or not this should be published.

Personal notice 8p per word (pre-paid) (minimum £1.50).

Non-subscribers will pay £1.25 (pre-paid) for all notices other than Death.

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2221

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The British people have for a long time regarded themselves as a civilised race and they defend this belief by hailing the Royal Family, the judicial system and the freedom of the press as examples of the stability and strength of the British way of life. Provided that this trinity appears to remain unblemished, the people continue in their daily routines and, for many of them, that is the end of that.

Such is the nature of the average Briton that he will endure the niggles of everyday life with the patience and understanding that has for years epitomised the National Character and, in the words of Britannia herself, made Britain Great.

However, there are signs that things are going to change. The continuous insult to the good-natured and benevolent institution which is held so dear to each and every inhabitant of these Isles, has begun to take its toll, and the ever quickening process of erosion is becoming only too obvious, as it digs deeply into our roots.

The Queen and the Law are trying to help us back on the right road, by example and by justice, but what about the press?

Everyone has become so concerned that the freedom of the press should be maintained at all costs, that they have lost sight of the freedom of the individual. For, who will protect him? Everywhere one is bombarded by the opinions and so-called facts of the newspaper men. When one reads an article such as that published recently in the *Sunday Times* entitled "Flouride", one feels the gnawing at the roots and a hint of tottering of the Crown.

NEWS IN BRIEF

Dr. Michael Simpson

We should like to congratulate Dr. Michael Simpson on his appointment as Assistant Professor of Psychiatry at McMaster University, Ontario, Canada. We understand he leaves Guy's at the end of September.

Community Service

The raising of the school leaving age has greatly increased the number of 14 - 16 years old school children who wish to undertake community service on a half-day release basis. Any department which feels that facilities for work could be made available is invited to contact Miss M. McGlone.

Mr. T. Dowling

We should like to thank Mr. Tom Dowling for kindly presenting the *Gazette* with an etching of the Front Entrance and Forecourt of Guy's. This etching was drawn from the top of one of the houses on the other side of St. Thomas Street at the request of the late Sir John Conybeare.

NOTICES

Weekend Course 27/28th October—Paediatrics

The British Postgraduate Medical Federation will hold a week-end course in paediatrics for General Practitioners and local authority Medical Officers, entitled "Paediatrics". This will take place at the Evelina Hospital on Saturday, 27th October, and Sunday morning, 28th October, 1973. Applications for a place on the Course should be made to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, London, S.E.1, as soon as possible.

* * *

CHOLERA

All members of staff returning from holiday in Tunisia or Italy are requested to contact :

Miss V. Jones—Control of Infection Nursing Officer for Guy's and the Evelina. Extension 225.

Dr. J. Fullerton—Control of Infection Officer for St. Olave's Hospital and New Cross Hospital.

Messiah

The Music Club's Christmas Concert this year will be a performance of "Messiah" on 6th and 7th December in Southwark Cathedral. Rehearsals for the concert will be held at 5.30 p.m. on Monday evenings in the East Wing dance floor.

Revision Lectures

There will be a revision course of lectures in Obstetrics and Gynaecology starting on Monday, 15th October. The lectures are intended for those persons taking Conjoint at the end of the year and will be held on Mondays and Wednesdays at 1.00 p.m. in the Gordon Museum. Details of the course will be posted in the East Wing, Colonnade, Medical School and the Obstetrics Department.

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100 Years Ago

SEPTEMBER 13th, 1873

THE THREE PROFESSIONS

The lawyers are the cleverest men, the ministers are the most learned, and the doctors are the most sensible.

How about the doctors?

—Theirs is the least learned of the professions, in this country at least. They have not half the general culture of the lawyers, nor a quarter of that of the ministers. I rather think, though, they are more agreeable to the common run of people than the men with black coats or the men with green bags. People can swear before 'em if they want to, and they can't very well before ministers. I don't care whether they want to swear or not, they don't want to be on their good behaviour. Besides, the minister has a little smack of the sexton about him; he comes when people are *in extremis*, but they don't send for him every time they make a slight moral slip—tell a lie for instance, or smuggle a silk dress through the custom house, but they call in the doctor when a child is cutting a tooth or gets a splinter in its finger. So it doesn't mean much to send for him, only a pleasant chat about the news of the day; for putting the baby to rights doesn't take long. Besides, everybody doesn't like to talk about the next world; people are modest in their desires, and find this world as good as they deserve; but everybody loves to talk physic. Everybody loves to hear of strange cases; people are eager to tell the doctor of the wonderful cures they have heard of; they want to know what is the matter with somebody or other who is said to be suffering from "a complication of diseases", and above all to get a hard name, Greek or Latin, for some complaint which sounds altogether too commonplace in plain English. If you will only call a headache a *Cephalalgia*, it acquires dignity at once, and a patient becomes rather proud of it. So I think doctors are generally welcome in most companies.—*O. W. Holmes, The Poet at the Breakfast Table.*

IN MEMORIAM

The following is the script of the address given by Dr. Hardwick at the memorial service to the late Dr. Maurice Campbell.

MAURICE CAMPBELL'S academic record was outstanding—scholar of Winchester, First-class honours at New College and a Senior Demyship at Magdalen College, Oxford. Poulton Fellow in our medical school and a Beit Memorial Fellow: St. Cyres Lecturer at the National Heart Hospital; Lumleian Lecturer and Moxon medallist at the Royal College of Physicians. But in the world of medicine, academic prowess alone does not ensure excellence as a physician. Knowledge must be accompanied by scholarship, clinical expertise must be applied with wisdom and the treatment of patients must be given with sympathy and understanding. Maurice Campbell had all these additional attributes in full measure and it is a great physician that we remember this morning.

His scholarship is shown in his many writings and in the meticulous care which he gave to his editorship of the *British Heart Journal* for 20 years. His first paper appeared in the Reports in 1921 and his last was printed posthumously in the *Gazette*. His greatest contribution to medical literature was the series of papers which he wrote in which, with high scholarship, he examined in great detail various aspects of the vast amount of clinical material on congenital heart disease that he had been able to accumulate.

He always maintained that clinical skill must be based on a wide knowledge and practice in both physiology and pathology. He, himself, had such a wide grounding and it stood him in good stead throughout his career, never more so than in the last nine years of his active life on the staff, here at Guy's.

Not many men have the mental resilience to be able, towards the end of their professional careers, to embrace an entirely new concept of their life's work, and are able to adopt that concept with such enthusiasm and understanding that in a very short time they become one of the world authorities in that new subject. This is what Maurice did. Until 1947 his work had been concerned principally with the irregularities of the heart's action and their management with drugs. In that year Lord Brock began his pioneer work in cardiac surgery and always at his elbow was Maurice Campbell, perhaps cautious in his clinical wisdom at first but ever providing that wealth of accurate clinical observation and measurement, without which no successful operation on the heart is possible.

In his address of welcome to the new students in the *Gazette* in the autumn of 1921, Dr. Campbell emphasised the importance he attached to physiology and pathology and he stressed this in his teaching. About 18 months ago he readily accepted my invitation to return to the wards and to do a teaching round. We had a memorable afternoon. He hold the students of the need for accurate observation at the bedside and using the knowledge that his great experience had given him he talked particularly about prognosis in heart

disease—a subject that does not feature prominently in the medical curriculum.

He ended his address of welcome to the new students by wishing them "a white-haired and honourable old age". No member of our profession has had a more honourable or a more medically active old-age—writing and travelling almost to the end.

If one word is required to express all his great attributes and achievements, it is perhaps that he was a devoted man. Devoted to Guy's and the National Heart Hospital, devoted to the service of medicine and in particular Cardiology; devoted to the affairs of the Cardiac Society—and, by no means least, devoted to his family. But perhaps it was not his beloved Conan Doyle but the novelist Thomas Hardy who summed him up best, when he wrote:

"Yon was a good man, he did good things."

IN TRIBUTE

Mr. A. W. BAKER

At the end of September Mr. Baker will retire from his position as Chief Technician in the Department of Prosthetic Dentistry after 42 years of service to the School. He first came to Guy's as an apprentice in 1923. After completing his training he worked as a technician in private practice for eight years before returning to join the technical staff in 1937. His consummate skill as a craftsman together with his simple dignity and organising ability marked hm out for advancement and on the death of Mr. R. Clark in 1945 he was appointed to his present post. The senior technical staff of the Dental School serve a unique function in that they instruct the undergraduates in technology and close bonds are forged between them. Few Guy's dental graduates return without paying a visit to their technical instructor and to Mr. Baker who has for so long presided over them. As a mark of esteem in which he is held, 495 Guy's Dental Graduates have contributed to a gift which will be presented to him at a dinner to be attended by the professional and technical staff on Friday, 5th October.

A very accomplished golfer, Mr. Baker for many years arranged the successful staff/student match and has been a welcome guest of many Guy's men at their own clubs throughout the country.

He has always been concerned with improving the educational opportunities of young people entering his craft and was a member of the Steering Committee which was responsible for the pilot scheme for training student technicians set up by the Department of Health and Social Security in 1968 and which has now been accepted for the basis of training throughout the country.

Although loyally presenting the Establishment's views to his staff he argues the technician's case more convincingly than any shop steward. Baker's very personal brand of humour will always be remembered and this has helped to maintain the happy atmosphere which has always existed in the Prosthetic laboratory.

We all wish him a very happy retirement and will miss him greatly.

D. J. NEILL.

Squash Club Coaching

Abou Taleb, Squash World Champion 1963-65, will be coming to coach at Guy's on Wednesday afternoons starting on 19th September, 1973, for six weeks. Anybody wishing to improve their squash, or even learn the game, should contact C. Mackenzie, A. Kingon, or R. Kirschen.

"Afore ye operate"
Remember glass shows on X-rays

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Third International Orthodontic Congress

The Third International Orthodontic Congress incorporating the 49th meeting of the European Orthodontic Society was held from 13th to 18th August under the Presidency of Professor W. J. Tulley. As with the world anaesthetic and cardiology conferences the South Bank Arts Centre formed an excellent venue. The full facilities of the Festival Hall complex, the Hayward Gallery, the National Film Theatre and the Shell Theatre were used.

From all reports the whole meeting was a great success and many letters of congratulation have been received from all over the world. It was attended by more than 1,700 delegates and approximately 800 wives and these represented more than 50 countries. A pre-Congress meeting of the International Cranio-Facial Biology Group took place at the Royal College of Surgeons on Monday, 13th August. Over 200 scientists interested in cranio-facial growth attended this meeting, organised by Dr. W. A. B. Brown.

At the formal opening ceremony of the Congress, Lord Porritt of Wanganui gave a very interesting address in which he emphasised the importance of study of facial development and the correction of facial deformities in a modern society. This was followed by an address of welcome by the President who emphasised that such Congresses were not only intended to impart scientific knowledge but also allowed people from different nations of similar persuasion to meet together socially to improve international communication. This colourful ceremony was enhanced by the Band of the Scots and Greys which played stirring martial music.

The Scientific Programme consisted of papers and seminars on many subjects and of particular interest were those relating to cleft palate and surgical treatment of facial deformities. The sessions were well attended despite the lovely weather—in fact the air-conditioned Festival Hall was mentioned in the press as being the coolest place in London. Many delegates were glad to attend the scientific sessions rather than plod round London's hot and sticky streets.

The opening paper was given by Professor David Poswillo, Professor of Teratology at the Royal College of Surgeons. The title of his paper was "There is a Destiny that shapes our ends . . . " This paper emphasised the very important work which is being done identifying various agents likely to cause disturbance in facial development during pregnancy. Professor Poswillo pointed out that although one can definitely pin-point certain agents, there are other disturbances in development which appear to happen without any obvious cause.

In addition to the lecture programme there was a full day given over to table demonstrations. A most impressive audio-visual section was available all the week illustrating up-to-date methods of presentation, including colour video cassettes.

The Festival Hall

The social programme produced very considerable variety and was much appreciated. A welcoming cocktail party was held at the Festival Hall on the Monday evening attended by some 1,800 people. At the same time the trade exhibition was opened at the Hayward Gallery. A broad range of dental equipment and materials was on display and a total of 50 dental companies from Europe and the United States were present.

On Tuesday evening, the 14th, Receptions were held at various sites in London. The Government gave a reception at Lancaster House and the gardens were magnificent on such a lovely evening. The Greater London Council gave a reception at County Hall which was most impressive, the delegates being able to stand on the balcony and look along the Thames, which was at its best. The Faculty of Dental Surgery and the British Orthodontists Group gave a reception at the Royal College of Surgeons; the British Society for the Study of Orthodontics at Chandos House and the British Association of Orthodontics at the Architects' Hall. Another reception of particular interest was that given at Southwark Cathedral by kind permission of the Bishop and Council. The small hall at Lincoln's Inn where Charles II used to entertain his guests also provided a most interesting venue.

On the Wednesday night the Governors of Guy's Hospital gave a splendid reception for 200 of the VIPs and wives to meet some of the Guy's staff. As usual, the catering officer did a marvellous job.

The social highlight of the week was the President's Gala Reception at the Festival Hall on Thursday, 16th. Some 2,300 guests were

present and after a buffet supper were entertained by Morris dancers and the Beating of the Retreat by the Band of the Irish Guards, a most impressive event which took place on the Thames-side walkway. This was followed by a dramatic firework display. Music for dancing was played by Sidney Lipton and his band and the evening terminated at midnight with everybody wishing it could have continued throughout the night.

On Friday evening the formal banquet of the European Orthodontic Society was held in the Great Room at Grosvenor House. It was attended by 900 guests. The Second Generation provided a stimulating cabaret. At the conclusion of the evening the President did a lap of honour round the ballroom in his wheelchair, which nearly ended in disaster when Mrs. Tulley decided to hitch a lift.

On Saturday, after the conclusion of the formal meeting, 400 delegates went to Beaulieu where they had a splendid mediaeval lunch followed by the Silver Mill Competition, which is the annual competition run by the European Orthodontic Society and takes a similar form to "It's a knockout". This was greatly appreciated.

The remarkable point of the whole meeting was the friendly atmosphere that pervaded it. This was due in great part to the team work of the Organising Committee and the excellent way in which dental students performed as stewards under the direction of Peter Stephenson-Moore. Courtaulds Ltd. had provided them with very interesting "T" shirts with the Congress symbol. Most of the students were from Guy's as the other Dental Schools had closed for the summer, but all the London Schools were represented. Everyone agreed that the stewards did a magnificent job and one of the American delegates in his letter of thanks wrote "All of us felt that the stewards had done a terrific job, always with patience and understanding. They left us with an admirable impression of British Youth".

The Committee deserves a special commendation for the way the whole Congress was organised. Mr. S. E. M. Gould must be congratulated as Chairman of the whole scientific programme. The audio-visual team was headed by Mr. S. P. Johns, helped by Mr. Rytina, Mr. A. D. Robinson and Dr. Peter Ansell from Westminster Hospital. Mr. A. C. Campbell was Chairman of the Social Committee. Mr. J. S. Rose bore a special responsibility for finance and the trade exhibition.

Sherlock Holmes and Dr. Watson

A MEDICAL DIGRESSION

by MAURICE CAMPBELL, O.B.E., D.M., F.R.C.P.

II.—OF CHEMISTRY, ANATOMY AND PHARMACOLOGY

(Continued)

HEREDITY

Though physiology is less well represented than anatomy, there is frequent reference to one branch of general biology. To the student of human nature heredity is one of the most attractive of all the biological sciences, though its immense importance is only slowly being realised. Examples of the inheritance of mental and physical qualities were recorded in many of these adventures as they came under notice, and most likely Holmes was responsible and must be regarded almost as a pioneer.

It was Holmes who remarked that he and his brother Mycroft had inherited their powers of observation and deduction from their grandmother's brother, the French artist (The Greek Interpreter), and on another occasion noted the similarity of the ears of Miss Sarah Cushing and of her murdered sister Mary; he had written on the subject in the *Anthropological Journal* of 1887 (The Cardboard Box). I have not been able to trace this paper in the *Journal of the Anthropological Institute* for the years 1886-88, and the reference is probably to a lecture on the inheritance of ancestral peculiarities and the hereditary transmission of disease which was delivered at that Institute on November 19th, 1887, at 4.30 p.m. In view of the remarks of Holmes on the relationship of intelligence and the size of the skull, it is worth noting that the same journal contains papers on the skull and the volume of the cranial contents by Rolleston (later Sir Humphrey), and on the localisation of the functions of the brain by Ferrier and Victor Horsley—papers that must have been of great interest to Holmes and Watson.

Holmes was aware of the erratic inheritance of negro characteristics, though the example he quotes is probably not a possible occurrence. Mrs. Grant Munroe was English and her husband had only shown a trace of his African descent, but their child was a coal-black negress (The Yellow Face).

Similar characters in the writing of father and son were noted in the Cunninghams (The Reigate Squires), and the son's cruelty to animals led to a correct deduction of the father's cruel nature, though it was well hidden (The Copper Beeches). Holmes was specially interested in the inheritance of mental qualities, and, when discussing Colonel Sebastian Moran, he puts forward a theory of his own, extending to the mind the embryological theory of recapitulation,

viz., that the individual represents in his development the whole procession of his ancestors, and that such a sudden turn to good or evil stands for some strong influence which came into the line of his pedigree. The person becomes, as it were, the epitome of the history of his own family. The theory is somewhat fanciful, but some of the examples that came under his notice seemed to support it.

The wild, fierce, strain that was present in the first Hugo Baskerville and gave rise to the family legend of the hound, came out again in the fiery temper of Sir Henry Baskerville, in his uncle Rodger, the black sheep of the family who was forced to fly to Central America, and in the villainous Stapleton, who was really Rodger's son. Both Rodger and Stapleton had also a striking physical resemblance of the old Hugo, and this was one of the clues that led Holmes to suspect Stapleton, by guessing he was a member of the family with designs on the succession. Dr. Mortimer, too, was interested in the subject, and had published a paper in the *Lancet* of 1882 on *Some Freaks of Atavism* (The Hound of the Baskervilles).

We read of another family where violence of temper approaching mania was hereditary in the males (sex-limited inheritance), and where the family estate had been squandered because four successive heirs were wasteful and dissolute (The Speckled Band). Mr. Roberts (*loc. cit.*) suggests rather unkindly that the Watson family, with their propensity for gambling, provided another example.

PHARMACOLOGY

There are so many references to this subject that only some of them can be included. Watson makes frequent mention of many of the common drugs, especially perhaps opium and cocaine, and displayed a considerable knowledge of their use, though some of the more out-of-the-way facts may have been learnt from Holmes, who was well up in belladonna, opium and poisons generally (Study in Scarlet).

Watson describes the yellow pasty face, drooping lids, and pinpoint pupils of Isa Whitney sitting all muddled in a chair, the wreck and ruin of a noble man; after reading De Quincey's *Confessions of an English Opium-Eater* (1821) he had started to drench his tobacco with laudanum and had become an addict to opium and an object of mingled horror and pity to his friends and relatives. It was while rescuing him from the Wapping opium den so graphically described by Watson that he met Holmes and was embarked on the Adventure of the Man with the Twisted Lip.

When powdered opium was used by John Straker to drug his stable boy so that he could get into the stable at night to maim "Silver Blaze", Holmes correctly deduced that the opium must have been given by someone who had also arranged for the lad to have curry for supper, as this was just the dish to disguise its taste. When it was used by ex-President Don Murillo to drug his governess, whom he wished to carry off with him, Watson noticed her head hanging listlessly on her breast, and recognised that she had been drugged with

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opium as the pupils were dark dots in the centre of the broad grey iris (Wisteria Lodge).

We do not hear of opium being used medicinally, but paregoric was recommended for asthma and bronchitis, and Watson was able to inject morphia when Baron Gruner had vitriol thrown at him and when Professor Presbury was severely bitten by his dog (The Illustrious Client and The Creeping Man), but unfortunately he was not present to give it when it was begged for in The Lion's Mane. It is interesting as showing the increasing fashion for injections that all these episodes occurred relatively late—in 1902, 1903, and 1907, while the references to opium were earlier.

When Holmes made use of belladonna to help in simulating a dangerous attack of fever, Watson described how his eyes had the brightness of fever with a hectic flush on either cheek, but it was due to starvation and belladonna and rouge; Watson's mistake was only pardonable because he was given no chance of coming near and detecting that there was no rise of temperature or pulse rate (The Dying Detective). The use of belladonna for its effect on the eyes has sometimes its devotees even in hospital circles.

Holmes's use of cocaine is too well known to elaborate. At first it was only occasional, but by 1888 (The Sign of Four) it had become a regular habit. Watson no doubt realised the immediate danger as well as the risk of addiction when he read an article in the *British Medical Journal* of October 30th, 1886, describing a case where the injection of 12 minims of a 10 per cent solution under the skin had been followed in three minutes by a syncopal attack with twitching of the face and a cold clammy perspiration—in fact, all the appearances of impending death. We are not told how much cocaine Holmes used, but when Watson was led to remonstrate about its use he was injecting a 7 per cent solution three times a day; even 5 minims of this would be above the minimum, and 10 minims of this would be above the maximum dose recommended in the *British Pharmacopaeia.*

In the following year, perhaps because of Watson's remonstrances, he was only using it from time to time (The Scandal in Bohemia and The Man with the Twisted Lip). After that we hear no more of it till 1897, and even this is an uncertain reference, for we read that Holmes's iron constitution had given way in the face of constant hard work of a most exacting kind, aggravated, perhaps, by occasional indiscretions of his own. One cannot help admiring the ability of Dr. Moore Agar, of Harley Street, who was able to prevail on Holmes to take a complete rest.

To the modern readers who know the horror with which cocaine addicts are regarded, it must seem strange that Holmes should ever have indulged, but the explanation lies, I think, in the following facts about its history. Though the use of cocaine had been known in Mexico since the 12th century and extended by Pizarro's conquest of Peru in 1542 and brought to Europe in 1750, it did not become well known in medical circles till its use by the Viennese oculist

Köller in 1884, so that when Holmes began to use it there had hardly been time to realise its disastrous after-effect in Europeans. Holmes hoped, no doubt, to find it of great advantge in stimulating his brain and helping him to endure fatigue as the Indians of the Andes had for so many centuries. His ability to give it up, when he realised its dangers after he had acquired the habit firmly, shows the stuff of which Holmes was made.

Although the hypodermic syringe had been introduced into medicine a generation before by the French surgeon Pravaz, it seems to have become increasingly popular about this time, and we read in the *Lancet* of 1887 that "the growing practice of giving and taking hypodermic injections needs to be stopped. The instrument makers could tell a startling tale of the number of hypodermic syringes sold to the public in a year". We can only hope that the publicity Watson gave to the method did no further harm.

There are many references to vegetable alkaloids of the convulsive group—indeed, it seems to have been a favourite subject of Watson. Gelsemium, from the root of the yellow jasmine, is one of these poisons which produce convulsions, and it seems probable that he was familiar with a paper by A. C. Doyle on the action of *Gelsemium sempervirens* in the *British Medical Journal* of 1879, and therefore specially interested in the cases where similar poisons were used.

The recommendation of strychnine in large doses as a sedative is sometimes quoted as evidence of Watson's ignorance, but this is a mistake; for the episode is to illustrate the confusion into which he had been thrown by falling in love with Miss Morstan: Watson could almost have been forgiven if he actually had given the injection to Thaddeus Sholto, who must have been very trying in the cab on that journey.

Later the same evening when his brother Bartholomew was shot with the poisoned dart and found with the *risus sardonicus* on his face and with his muscles in a state of extreme contraction, far exceeding the usual rigor mortis, Watson rightly deduced that it was some strychnine-like substance that would produce tetanic contractions; probably it was curare, which is used by South American natives on their arrows, or some similar substance used by the Andaman Islanders.

Curare is mentioned by name as the poison used by the small boy on his half-brother and sucked out by his devoted mother. Holmes suspected something of the sort even before he found the walls of the house hung with South American weapons; when he saw the dog dragging its legs with a limp he quickly realised that curare had been injected with some pointed instrument—probably one of the arrows—and that the boy had just practised on the dog and produced a partial paralysis, though the vet. had only been able to diagnose spinal meningitis (The Sussex Vampire).

It is not so easy to know what Jefferson Hope gave to Drebber for the crucial choice of the two pills—one fatal and one harmless.

The dying terrier on which it was tested gave a convulsive shiver in every limb and lay as rigid and lifeless as if it had been struck by lightning. Jefferson Hope had worked in America in a laboratory and had taken some South American arrow poison one day when the professor had been lecturing on alkaloids, and had worked it up into a small pill. This might suggest curare again, but it is only poisonous when injected, and harmless when taken by mouth.

We are not told what poison was used by the professor's wife (The Golden Pince-Nez) before she left her hiding place in the cupboard—possibly cocaine, the alkaloid of hemlock, which was also used by Socrates, for, like him, she maintained control of her speech and faculties till the last moment. Cocaine is almost without effect on the cerebrum, and causes death by respiratory paralysis.

Another poison referred to is prussic acid, but Holmes persuaded the "Veiled Lodger" not to take it, and knew that he had been successful when she sent him her supply by post the next day.

Other useful drugs are spoken of less than poisons, and reference has been made already to the use of quinine in the treatment of malaria. Amyl nitrite was used for catalepsy (The Resident Patient); it is better known for its value in angina pectoris, for which it was introduced in 1867 by Lauder Brunton when he was still a house-physician, but it is still recommended in some modern books as of use in prolonged epileptic attacks, so its use for catalepsy was quite reasonable.

Turning to other chemicals with a pharmacological action, chloroform is mentioned several times. It was used to overpower Mrs. Maberly when her house, the Three Gables, was broken into, and by Holmes when he was masquerading as an Irish-American spy for the German Von Bork (His Last Bow); its most interesting use was in attempting to kill "Lady Frances Colefax" in the coffin, "which took longer being out of the ordinary", because it was made to hold two. Watson, as always, was prompt in an emergency, and undoubtedly saved her life; probably his use of artificial respiration was more efficacious than the injection of ether which he gave.

Another occasion when Watson's prompt measures were instrumental in saving life was when they found Paul Kratides and the "Greek Interpreter" overcome by carbon monoxide poisoning from the fumes of charcoal. There was a dull blue flame from the charcoal brazier and a horrible poisonous exhalation which set them gasping and coughing. After opening the windows they dragged out the two victims. Both were blue-lipped and insensible, with swollen and congested faces and protruding eyes. Kratides was too far gone for their aid, but Melas still lived, and in less than an hour, with the aid of ammonia and (as usual) brandy, Watson had the satisfaction of seeing him open his eyes and of knowing that he had been drawn back from that dark valley in which all paths meet. His recovery was, perhaps, rather quick, considering that the exposure had killed Kratides; but the latter was already in a poor state of health, so the former would naturally stand it better.

"The Retired Colourman" also made use of gas to kill his wife and her lover after he had enticed them into his strong room, and here also death would be due to carbon monoxide poisoning. It is not often used for murder, or, if it is, is not often detected; but during the last twenty or thirty years has become an increasingly common method of suicide.

As at the end of a long day, we turn expectantly to a pipe, it is pleasant to turn from these dangerous poisons to two more harmless alkaloids, caffeine and nicotine—the active principles of coffee and tobacco. Watson and Holmes were keen smokers, and their consumption must have been considerable.

"You don't mind the smell of strong tobacco I hope", said Sherlock Holmes when sharing the Baker Street lodgings was being discussed.

"I always smoke 'ship's' myself", Watson answered.

"That's good enough". And so the famous partnership began. They would have approved of R. L. Stevenson's advice that no woman should marry a non-smoker (*Virginibus Puerisque*).

Both generally smoked a pipe, though they often indulged in a cigar, especially after dinner when celebrating the successful finish of a case. Occasionally we hear of Holmes smoking a cigarette (The Scandal in Bohemia, The Final Problem, and The Boscombe Valley Tragedy); they were only then becoming really popular, though they had spread to England after the Crimean War (1854-56).* Watson must have been a more regular cigarette-smoker, for Holmes says that he always bought them at Bradley's in Oxford Street, and recognised him in the hut on Dartmoor by the stub with their name on, which had been thrown away outside.

Holmes probably smoked an ounce of tobacco a day; it makes one envious in these days to read of tobacco at fourpence an ounce, for he remarked that at eightpence an ounce it was a luxury since good tobacco could be bought at half the price (The Yellow Face). Holmes habitually smoked a pipe before breakfast, and, considering what it was composed of, he must have acquired considerable tolerance—his admirers will remember its composition and will forgive the foible of a great man, but others might be more squeamish, so I will only refer to the story (The Engineer's Thumb).

From the Hound of the Baskervilles we know that he sometimes bought a pound of the strongest shag all at once, which suggests a heavy smoker, and as he consumed an ounce of tobacco during one all-night sitting (The Man with the Twisted Lip) and another time three pipes in fifty minutes (The Red-Headed League), our estimate can hardly be excessive. We are less sure about Watson, but he certainly indulged in a comforting last pipe before going to bed (The Crooked Man).

Holmes was aware of the curious double action of nicotine (which has been supported by a recent American investigation into its effects on students) of stimulating the brain and nervous system

under many conditions, but soothing them when they are already over-excited. Holmes generally used it for the former purpose, but Jefferson Hope illustrated the latter use when he was so excited at having Drebber safely in his cab that he feared that his aneurysm might burst.

The effect of caffeine is not like this, for it is always stimulating. Watson quotes cases where this was the effect desired, as in The Naval Treaty, and cases where it was an unwanted after-effect, as in the Musgrave Ritual, when Musgrave could not sleep at night because of it and came downstairs, and found the butler in the study with his papers.

We must not forget the famous monograph of Holmes, *Upon the Distinction between the Ashes of the Various Tobaccos*, in which he enumerated 140 forms of cigar, cigarette, and pipe tobacco, with coloured plates illustrating the difference in the ash (The Sign of Four and The Boscombe Valley Mystery). Neither he nor Watson would have approved of a book which was published in New York in 1916: *The Tobacco Habit Easily Conquered; How to do it agreeably without Drugs; with an Appendix on Tobacco the Destroyer.*

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* The first cigarette shop was opened in Leicester Square in 1861 by Mr. Theodoridi, a Greek who had been a captain in the Russian army. These were, of course, Turkish tobacco, but by 1880 the Virginia cigarette was also well-established.

(To be continued)

NURSING

A QUESTION OF MANAGEMENT

Some years ago, most industrial concerns in this country, decided that the only way to achieve success, was to become a manager. In order to keep pace with the times, the review of nursing administration, and the subsequent report, had as its chairman, an industrialist. Since that time, the managing epidemic has spread to the nursing profession, and everyone is now dispatched willy nilly to a course appropriate to their experience, in order to learn this gentle art.

If industrialists attend their courses, they are expected to improve the output and thus the finances of their companies. What then are nurses expected to achieve, since money is not of any concern for them?

It seems that, in this respect, it has proved very difficult for the organisers of these courses to determine the difference between conveyor belts carrying baked beans or motor cars, and hospitals, which care for patients. To the simple-minded, the difference would seem quite clear, but apparently it is not, and the situation is far more subtle.

The fact is that, despite all the education and courses, patient care is deteriorating in the hospitals. This, then, would seem to indicate that the object of these exercises is not being achieved.

It is of course considered naive nowadays, to think that one can learn, by closely working with, and supervised by, someone who, by virtue of her experience, and not the hours spent attending courses, is considered competent in her own particular sphere. If one has the temerity to make such a suggestion in fact, ridicule is the inevitable response. It is, however, a fact that the only way in which to teach the method of managing distressed patients and their relatives is by example. Those in industry are not renowned for their empathy or compassion towards others and, unfortunately, these attitudes are now infiltrating hospitals.

It is surely time that the situation was reconsidered. Was it so terrible to remain a staff nurse for three years? At least one had learned more by the time a post as a ward sister was offered. Furthermore, senior ward sisters are the people most needed in the hospital today. It is not sufficient to be able to quote only the jargon, without also having other attributes. If industry is having second thoughts on the subject, which it appears is the case, maybe it would be reasonable to suppose that hospitals should follow suit. If, instead, courses were arranged that were relevant to the work undertaken, everyone, including the patients, might benefit.

THE CRISIS IN NURSING

A recent article in the newspaper, elected to provide comment on the "crisis" in nursing. This presumably was following an announcement by the official nursing organisations, that such a situation exists, and that nurses from abroad are being accepted for

posts in this country, without either being interviewed, or having an assessment made of their ability to communicate in the English language.

It seems that when this situation was described to the regional hospital boards, the reply made by certain of them was to enquire what crisis, if any, existed, and that they had no knowledge of it.

The final comment made in the article was that the reason for a shortage of nurses is, basically, the fault of the profession, in that many senior members still adopt old-fashioned and autocratic attitudes.

With regard to the first remark, by the regional boards, it is a little disconcerting to think that they are so little aware of what is occurring in the institutions for which they are responsible. Furthermore, the members of these boards are probably going to constitute the regional and area boards in the new health service, despite assurances by the government that the posts will be allotted fairly and on merit. Thus the attitude of the ostrich is liable to continue.

It would be interesting to know how many of these people have ever entered a hospital, and also causes one to wonder if experience as a patient shouldn't be a compulsory requirement in order to qualify for such a post. Doubtless most of these people suffer their illnesses in the comfort of private accommodation, tended by private nurses. If they were to submit themselves to the rigours of life in a general ward, the shortage of nurses would rapidly make itself evident.

The second comment, stating that the crisis is, in part at least, the fault of nurses themselves, is somewhat disturbing. Unfortunately, it is true, but one would prefer to think that this was not the case, and that it was not necessary for a public announcement to this effect to be made.

Attitudes are one of the most important aspects of a nurse's work, and yet one of the most difficult to teach, or convey from one person to another. Until, however, there is a marked alteration in this direction, any comments such as this, by the Press, will unhappily be justified, thus causing concern to both the public and to the profession in general.

A STUDY-CONFERENCE ON "THE CARE OF THE DYING"

on Tuesday, 16th October, 1973, at Guy's Hospital, S.E.1.

The object of the conference is to study the needs of the dying person (and the needs of the relatives) and to see how these needs can best be met in a general hospital.

The conference is primarily for ward-sisters, housemen and registrars of the Guy's Group of hospitals, and also for general practitioners who would be interested. In order to make the best use of our facilities numbers will be restricted to around 100, and so an early application is advisable.

Application forms may be obtained from the Superintendent's Secretary, and should be sent in before 9th October.

CORRESPONDENCE

Doctor Maurice Campbell

SIR,—Having just learned of the death of Dr. Campbell, one feels much sympathy for Mrs. Campbell with a double bereavement so recently, that of sister and husband.

In addition I would like to add my appreciation of Dr. Campbell from a more unusual channel—that of a member of the nursing staff who worked for him and, from a more personal one, that of a patient.

When I was Head Nurse in Outpatients and responsible for his clinic, I must confess I viewed that situation with some awe. Dr. Campbell used to rush in beforehand, hand out notes or verbally direct me to produce a selection of his patients' and their out-patients' notes identified by special hieroglyphics of his own. "I want to see this, that, or the other" he would say in a brisk voice and failure to produce these at the right time, or the notes which might have been mislaid in general sorting, had devastating results! He was extremely organised in his own way and his patients were treated likewise. He never forgot any of them or the implications and effects of their illness. He was both straightforward and kindly, giving assurance and praise and a rational directive on how their lives were to be adjusted.

During Guy's wartime evacuation to base hospitals, Dr. Campbell was Guy's Superintendent at Orpington and had to deal with Service and civilian patients. His relationship with Service personnel, especially Ward 5 and Biggin Hill R.A.F. made Ward 5 a popular place under his supervision. One always felt able to take difficulties to him and certainly Orpington and Ward 5 formed one of the happiest in my nursing career. How well we remember those games of hockey in which he joined in the hospital field! Yes, Dr. Campbell was greatly responsible for the *esprit de corps* and happy atmosphere in spite of the many drawbacks and difficulties of a combined hospital, and the dangers of an ever-present war.

I owe him personally a debt of gratitude for taking me into Nuffield House where he found a D.U. which had long caused me pain, although this was not his medical speciality of cardiac ailments. I can remember him sitting in a chair in my room, his white hair ruffled, saying "Well, we have found your ulcer and I am very pleased with you and the way you have responded to medical treatment".

Yours faithfully,

"Moonrakers",
Mawgan Porth, North Cornwall.

M. S. GRIFFITH.

SIR,—I was interested to read your Nursing Correspondent's comments on male nurses in the 18th August edition of the Gazette.

I am sure readers are aware of the recently published Sex Discrimination Bill which proposes:

(a) prohibition or discrimination on the grounds of sex or marital status especially of employment, trades and professions, and education, and

(b) establishment of a Sex Discrimination Board.

If this Bill becomes an Act during the next session of Parliament, it will be necessary to amend the Midwives Act of 1951, so that men will be able to train and practise as midwives. At present it is illegal for anyone except a qualified Medical Practitioner or a State Certified Midwife to attend a woman in childbirth unless in emergency.

Many midwives and mothers in the U.K. feel perturbed by this possibility and are wondering if the public really want this. One wonders if the general public, apart from women who have had babies and know what this entails, fully understand the total work of a midwife.

I would be most interested to learn the opinions of readers of the Gazette, comprising as it does a useful cross-section of the public, who

can speak as doctors, midwives, male nurses and, most important, as mothers and husbands.

It may interest readers to know that the following written evidence has been sent by the Royal College of Midwives to the House of Lords:

"The Council of the Royal College of Midwives wishes to express its grave concern to the Select Committee set up by the House of Lords on matters contained in the Anti-Discrimination Bill in its present form.

"The profession of midwifery does not admit men to its register and the Midwives Act of 1951 does discriminate against men on the grounds of sex. The Royal College of Midwives supports this discrimination and wishes it to continue on the following grounds:

"(1) That the midwife gives intimate, personal bodily care exclusively to women and that the majority of the public would not accept this care from a man without a third person being present. That requirement would strain manpower and financial resources.

"(2) That her role should be fully supportive psychologically to women; that the degree of this support is objectively immeasurable and that there could be no adequate assessment of the success or failure of men in this role.

"(3) That the midwife and obstetrician work as a team with quite different but complementary functions to perform and the fact that the midwife is a woman is part of her function.

"The Royal College of Midwives supports the World Health Definition of a midwife as in Technical Report Series No. 331, 'A midwife is a person who is qualified to practise midwifery. She is trained to give the necessary care and advice to women during pregnancy, labour and the post-natal period, to conduct normal deliveries on her own responsibility and to care for the newly born infant. At all times she must be able to recognise the warning signs of abnormal or potentially abnormal conditions which necessitate referral to a doctor and to carry out emergency measures in the absence of medical help. She may practise in hospitals, health units or domiciliary services. In any one of these situations she has an important task in health education within the family and the community. In some countries her work extends into fields of gynaecology, family planning and child care'. The College is of the opinion that a man could not fill this role totally and it is not in favour of two grades of midwife.

"My Council would be willing to enlarge on any points raised in this letter should it be the wish of the Committee that it does so."

I wonder how many people agree, and if not. I would be most interested to know their reasons for disagreeing and would be grateful if they could perhaps write to me as I would like to collect as many objective opinions as possible on the subject.

I would like to thank the Editor for using the columns of the Gazette to ask for this information.

Yours faithfully,

BARBARA N. STEVENSON,
Senior Nursing Officer (Midwifery).

School of Midwifery,
Salomons Centre,
Guy's Hospital, London, S.E.1.

SIR,—Having "rotated" twice between Brighton and Guy's, Dr. Calin's letter in the *Gazette* of 18th August ("Round and round the garden") filled me with dismay.

The General Whitley Council Handbook, to which he says he referred, states quite clearly that ". . . When furniture is to be removed by contractors, three competitive tenders in writing should be obtained wherever possible and submitted to the authority . . ." (Sec. XX, para. 16a). There is no mention of filling in any form, and it is therefore not very surprising that "twenty-seven telephone conversations" were wasted involving other people in looking

for such a form. Taking the kind view, that Dr. Calin *assumed* that there was a form and thus needed some guidance to the contrary, it is still surprising that he contacted anybody at either Guy's or Brighton; Sec. XX, para. 3, of the same regulations states: "The new authority . . . are responsible for payment of removal expenses". If Dr. Calin had not read his contract of employment he may be forgiven for assuming that a hospital in Brighton would be his new employer, in which case his five calls at Guy's were clearly not indicated. If, however, he *had* read his contract, it would have been clear to him that his new employer would be the Regional Board, based at Croydon, from where he did eventually obtain guidance.

The Whitley Council handbook is not difficult to read and Dr. Calin's expectation of ". . . a series of letters along the same lines . . .", (if it occurs) will damage my belief that doctors can make a contribution to the "New Management" which is due next April.

The correspondence editor of the *Times*, despite Dr. Calin's view, might well have found his letter amusing, for when he checked the reference to "page 18 of the Whitley General Council Handbook" he would have found the title "Leave for attendance as witness at Appeal Hearings".

Yours faithfully,

56 The Brow,
Brighton, BN2 6LN.

P. A. D. WILLIAMS, F.F.A.R.C.S.

Nigerian Students

SIR,—We wish to thank the Dean of Guy's and the hospital staff at St. Olave's Hospital for their hospitality and kindness to us while here.

We have enjoyed the classes, and meeting the students who have all been very friendly and helpful to us.

We also wish to thank Doctors J. Fullerton, Maclean, Cox, Hoskins and Clark under whom we studied during our stay here. We wish to express special gratitude to Dr. Fullerton who made our trip to London possible. We have enjoyed working with her and her staff.

Goodbye.

Yours faithfully,

PHYLLIS C. MBAKWEM.
IRENE C. ONYEGBULE.
PAUL C. IGWE.
(*Nigerian students*)

St. Olave's Hospital,
Pathology Department,
Lower Road, S.E.16.

Darkroom Magpie

SIR,—I would like to express my sincere thanks to the person or persons unknown who have selfishly removed a Paterson Multi-Unit Developing Tank from the East Wing Darkroom. They are to be congratulated on three counts: (1) in depriving the honest members of the Photographic Society of the use of these facilities; (2) in incurring further expense to the Society's limited budget, should we decide to replace the items; (3) in reminding me that even some of us, supposedly intelligent and responsible adults, can fall prey to a human failing that should not be associated with the medical profession.

Perhaps we, as students, have less thought for people and for property than we would like to think.

The replacement of "missing" equipment may not be thought wise if such anti-social behaviour is to recur too often—thus depriving other members of the Society the use of what is a fairly well equipped darkroom.

I can only hope that the missing equipment will find its way back to the darkroom.

Yours faithfully,

STEVE TWIGGS
(*Secretary, Photographic Society*)

East Wing,
Guy's Hospital.

HOSPITAL INFORMATION

SENIOR REGISTRAR IN NUCLEAR MEDICINE TO THE GUY'S GROUP OF HOSPITALS

Applications are invited for this new training post which will provide experience in all aspects of Nuclear Medicine, in a well-equipped department. There will be some teaching responsibilities, duties within the region, and research will be actively encouraged. Previous experience in Nuclear Medicine is unnecessary but a higher qualification is essential. Applicants are encouraged to visit the department by prior arrangement. Application forms are obtainable from, and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **28th September, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of **Locum Registrar** in Anaesthetics at New Cross and St. Olave's Hospitals of the Guy's Board of Governors (Resident or Non-resident) from 1st - 12th October, 1973, inclusive. Detailed applications with the names of two referees or enclosing two recent testimonials should be forwarded to The Superintendent, Guy's Hospital, SE1 9RT, not later than **21st September, 1973.**

BOARD OF GOVERNORS GUY'S HOSPITAL, LONDON, SE1 9RT

Applications are invited for the post of **Registrar** in the Department of Psychological Medicine, to commence as soon as possible. The post offers wide experience and includes emergency duties. The post is non-resident.

Application forms are obtainable from and should be returned to The Superintendent not later than **28th September, 1973.**

PERSONAL

SMALL unfurnished flat wanted for mature business lady. Reasonable rent. Permanent let. Close to London. Kent area preferred. Tel: Farnborough (Kent) 58530 evenings, 01-407 7600 Ext. 357 daytime.

SIDCUP. Large flat in Georgian house on 20 acres, 12 miles London. 4 Bedrooms, playroom, drawing room, dining room, bath and kitchen. Night storage heating. £23.50 per week. Tel. 01-300 2347.

MENORCA. Cala'n Porter. Cliff top villa, sleeps 4. Available Sept. 21st—Oct. 12th. £69.50 per person per fortnight, including Flight and Car. Also available for long winter let November—March. Rent £5 per week. Box. No. 3/3.

DENTAL PARTNERSHIP. Due to the retirement of the senior partner, the opportunity has occurred for a young experienced dental surgeon to join our all Guy's practice, S.W.1 area. No. N.H.S. treatment undertaken. Box No. 1/9.

THE BOARD OF GOVERNORS OF GUY'S HOSPITAL, THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Comprehensive Training Post in General Surgery

Applications are invited for the appointment of **Registrar in General Surgery.** This post is suitable for a candidate wishing to obtain General Surgical experience before taking up a specialist training, or intending to return to their native land. Duties to commence as soon as possible and subject to annual review. This post will be held at Guy's Hospital, the Hospital for Sick Children, Great Ormond Street, and in the Pembury, Lewisham and Greenwich Groups, as an integrated rotational training programme co-ordinated by the the Professor of Surgery and offering security and flexibility. A proportion of the posts in this training scheme are given to candidates who do not wish to remain in General Surgery in this country. Candidates must have passed a primary fellowship examination and either have sat, or be eligible to sit, the final examination.

Application forms are obtainable from, and should be returned to, the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **28th September, 1973.**

CHANGES OF ADDRESS

Samuel P. Asper, M.D., of The Johns Hopkins Hospital, Baltimore, Maryland 21205, U.S.A., is now at The American University of Beirut, Beirut, Lebanon.

Miss P. M. Hunt, The Bungalow, Highbury Hospital.

Dr. and Mrs. J. R. C. Sharp, The Coach House, 6 Vicarage Hill, Kingsteignton, Newton Abbot, Devon, TQ12 3BA. Tel.: Newton Abbot 61495.

Dr. and Mrs. I. McD. G. Stewart, 178 West Park Drive, Blackpool. Tel.: Blackpool 61190.

W. D. Hannaford, "Far Shore", Southerndown, Bridgend, Glamorganshire CF32 0RP.

Dr. and Mrs. W. G. Reeves, Arden, Manor House Close, Lowdham, Nottinghamshire.

Donald and Catherine Durward, Kensford, Sticklepath Hill, Barnstaple, Devon, EX31 2DW. Tel: Barnstaple 4094.

DEATH

MOORE: On 16th August, 1973. Arthur Stanley Moore, L.D.S., R.C.S., of Rivendell, 49 Crossfield Avenue, Cowes, Isle of Wight. Qualified Guy's 1926.

MARTIN: On 27th August, 1973, at a nursing home in Harrow. Dr. John Nesbit Martin, late of 1 Sudbury Hill, Harrow, Middlesex.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2222

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

And, so, welcome to Guy's. You will, by now, be finishing your first week at Guy's and will, presumably, have formed your first impressions. You will have realised of course that Guy's is a very different place to school, that there is much less direct pressure to work or to participate in any activity. Your career at Medical School will be very much what *you* make it. The opportunities are enormous; the facilities are present—especially with the completion of the Tower firmly in view—all that is needed is a determination to grasp every opportunity and turn every opportunity into success. There will, of course, be every encouragement from your lecturers to take an interest in work and indeed such interest is proper. There is, however, less pressure to participate in Guy's as a whole.

We are more than fortunate in having our own sports ground and some very emminent sporting clubs including the Rugby Club and the Boat Club (which is the oldest in the country). The recent decline in interest in the sporting clubs has been sad and the time has certainly come for a change.

For those who are not athletically motivated, there is a wide variety of interests to be pursued.

Students should also be able to boast of the *"Gazette"*, which is the oldest hospital journal in the world and the only student maga-

zine to be published on a viable basis at such frequent and regular intervals. The *Gazette* is primarily a student magazine and aims to be of relevance and interest to Guy's students, as well as to old Guy's men who financially support the *Gazette* through their subscriptions. However, as the sporting clubs have found, student participation and contribution to the *Gazette* has not been as great as it might have been. The *Gazette* can only reflect the views of students, if those views are expressed to the Editors, and the number of student authors submitting material to the *Gazette* has fallen miserably in the last few years. Whilst it may be understood that students are apprehensive about writing full-length articles, there is no reason why comment, ideas, correspondence and well-balanced criticism, should not take its rightful place in the *Gazette*.

We, therefore, invite the freshers to change these trends, to utilise Guy's and the *Gazette* to their fullest and derive as much benefit and pleasure as possible from their time here.

On behalf of the Students' Club, welcome to Guy's.

Five years is a long time to spend as a student and it is all too easy to live in splendid isolation either in the bar or the library, thus missing the fact that you are a university student as well as a Medic or Dentist.

At the University Union in Malet Street, there is a cosmos of students involved in a wide variety of pastimes ranging from wine-tasting to hare and hounds. Freshers' Week provides an introduction to these activities, all of which are open to you.

You have arrived at Guy's during a period of many changes. Next January will see the birth of a Guy's Student Union, meetings of which will be open to anyone and at which major policies affecting students, will be taken. The Dental School will soon be leaving their cramped quarters beside the mortuary for the new Tower Block. Medics will be starting the long-awaited revitalised second M.B. Course, which will continue into a reorganised clinical course. You are at the crest of these changes and activity on your part will help to further these reforms.

Enjoy your time here. It will certainly be one of your most memorable.

Tim Goulder,
Student President.

The Medical Defence Union

Inaugural Dental Lecture

BRITISH DENTISTRY WITHIN THE E.E.C.

by

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Head of the Department of Oral Surgery at the Royal Dental Hospital

at

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NEWS IN BRIEF

Dr. B. J. Cremin

B. J. Cremin who qualified at Guy's in 1952, has been appointed to the Chair of Radiology at the University of Cape Town. The department, which is at present the largest in South Africa, is attached to South Africa's oldest Medical School and serves, amongst others, the Groote Schuur Hospital and the Red Cross Children's Hospital.

Mr. J. W. Mansie —Retirement Dinner

It is proposed to hold a dinner on Friday, 7th December, 1973, at Guy's on the occasion of Mr. James Mansie's retirement from the Consultant staff at Guy's. All his past House Surgeons and Registrars are cordially invited to attend; would they please write to the Dental Dean's Secretary, Dean's Office, Medical School, by Friday, 9th November.

L.M.G. Symposium

"The aims of sex education" is to be held on Thursday, 11th October, at 5.45 p.m. in the Medical School. The Chair will be taken by Professor J. R. Trounce. All medical and dental students are warmly welcomed.

X-Ray Theatres

The X-ray Theatres will be closed for maintenance and fumigation purposes from 6.00 p.m. on Wednesday, 10th October, until 9.00 a.m. on Saturday, 13th October. During this period it will be impossible to undertake any emergency vascular investigation, with the exception of carotid arteriography.

Medical Defence Union

The Medical Defence Union are holding an anaugural lecture—"British Dentistry within the E.E.C." by Professor G. L. Howe, T.D., (Head of the Department of Oral Surgery at the Royal Dental Hospital) on 25th October, 1973. For full details please see advertisement on page 447 of this issue.

GUY'S DIARY

OCTOBER

9	T	1.00	Clinical Lecture. Mr. BLACKBURN "The Privilege of Getting Qualified."
11	Th	1.00	Clinical Lecture. Prof. LESSOF "Immune Disorders II."
12	F.	1.00	Clinical Lecture. Dr. BURRY "Diagnosis of Management of Low Back Pain."
18	Th	1.00	Clinical Lecture. Dr. MACKENZIE "Myopattries and Dystrophia Myotomica,"

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FRESHERS' INFORMATION

The Students' Club administers the East Wing and plays a part in the Students' Union at Guy's. President is T. J. Goulder, Secretary is T. B. Barnes and Treasurer is Miss F. M. Rochford. Every year has a Student's Club representative, elected democratically by the students of that year.

The Spit (Students' Cafeteria) provides three "meals" a day, along with morning coffee, afternoon tea and somewhere to sit when you are bored.

The Book Exchange is provided in the basement of the East Wing for the purpose of buying and selling textbooks at very reasonable prices.

The Billiards Room and **Table Tennis Room** are also in the basement of the East Wing, opening at noon and for the use of all students.

The Bar can also be found (by smell) in the East Wing and sells a variety of draught beers, spirits, cigarettes and "nibbles". Opening hours are 5 p.m. to 10.30 p.m. (Sundays excepted). Hops take place at various times—details may be found on the notice-board in East Wing.

The Dark Room (at the end of the table tennis room) is provided for members of the Photographic Society who should apply, in the first place, for a membership card (via the pigeonhole in East Wing) which entitles them to collect the key from the East Wing Porter.

The Music Room is also provided for practice. Enthusiasts should contact the society secretary.

Sports. Two squash courts and a gymnasium (containing a badminton court) are available behind the York Clinic. Students must book squash courts on the rota outside the changing rooms.

Honor Oak Park is the hospital sports ground, open to any student. It is on the Southern Rail, 10 minutes from London Bridge Station. Rugby, soccer, hockey, athletics and tennis are all practised there. Sporting enthusiasts are recommended to contact the appropriate club secretary.

The Wills Library is on the ground floor of the Medical School and contains an excellent selection of text books (clinical and preclinical) as well as many periodicals.

The Gordon Museum contains a matchless collection of pathology specimens and is in the Medical School. There are also occasional exhibitions and quizzes. The wax models on the ground floor are unique and highly educative.

The Gazette (16 St. Thomas Street) is published fortnightly and copies are available free to students in the East Wing from Friday lunchtime on the day of publication. There is a pigeon-hole in the East Wing for correspondence/comments/abuse.

Thatchings is a wintry house near Bognor Regis accommodating Guy's students for weekends (or longer). The superb cuisine, sports facilities and the beach make it a very popular part of Guy's. Further details and booking at the office near Paediatric Research.

The Student Health Centre is available on the top floor of Outpatients for "worrying student problems", and there is a medical check-up for all freshers soon after the start of term. The Centre can be phoned in case of any doubt.

The Boat Club operate from 81 Hartington Road, Chiswick, W.4, and row regularly on the river. Budding oarsmen should contact the Club Secretary for details of travelling and facilities.

An introduction and welcome to the freshers by R. Warwick.

From us to you and back again

You cannot pour a quart into a pint pot,—and quart pots naturally take more than a pint. Likewise, undergraduates and postgraduate teachers have their differences, although both will hold suitable beverages. However, they differ basically from pothouse containers in the faculty of growth (a subject dear to the hearts of paediatricians and psychologists, even biochemists and physiologists, and, most assuredly, to ANATOMISTS). All the big pots you may meet have been much smaller once upon a time—not merely pints, but gills, and even humble noggins. In fact, from microscopic beginnings we all progress in size and the other things, we hope—exponentially, linearly, or stabilised *en plateau;* and it is a mere accident of fortune that we find ourselves assorted together while at very different stages of the biblical three score and ten (though only Regius professors are really tolerated to the latter extreme). We do, in fact, make too much of these differences; the almost inevitable changes from school to university to graduate tax-payer are really all too quick for the true hedonist. Anyway, one can be practically sure of this serial metamorphosis by sitting, listening, repeating, and passing. It is not so very hard. And those who seem so remote from actually suffering your undergraduate *gradus ed Parnassum*, have all endured it too—some quite recently, some in remote geological eras, as it may seem to your tender years. Yet, like you, they display the same spectrum of parameters, in physique, temperament, and intellect. They are, of course, to some degree "creamed off" from the *hoi polloi*, as are you; and we hope you will like the cream. Like you, some are *very* keen and clever, some—well, a few are a trifle different; but all, like you again, are fallible, in degrees from minuscule to truly magnificent! They do, nonetheless, possess a universal trait, which you also share: almost to a man, or woman, they are doing what they want to do, and are hence, in their various disciplines, enthusiasts. Truly, they are separated from you by a few years of trials, tribulations and multiple-choice tests which leave us no choice but to do them. But this is all common ground, on which we labour together in one guise or the other; and if your interest and enthusiasm, your urgency to know and understand match ours—(and why should they not?), all other considerations will seem irrelevant. Remember, in all your dealings with us, that we await you, year after year, with the same sense of interest and novelty as, we hope, you are feeling now. This is natural, because We are You, a little further along the curve of growth. We are part of the same culture, the same civilisation, the same intelligent endeavour. So please treat your teachers gently, politely, even compassionately (as we must you), for we, too, are human, very like you. Moreover, You will become Us, and at a speed which neither We nor You will altogether like. So enjoy it all "while you may."

Roger Warwick.
Department of Anatomy.

Sherlock Holmes and Dr. Watson

A MEDICAL DIGRESSION

by MAURICE CAMPBELL, O.B.E., D.M., F.R.C.P.

(Continued)

III

WATSON'S PRACTICE; HIS SERVICE IN THE SOUTH AFRICAN WAR; AND HIS SECOND MARRIAGE

Watson's accurate medicine makes it interesting to review his student career and subsequent practice. Born about 1852, he must have started as a medical student at St. Bartholomew's Hospital about 1871, and it was then presumably that he played rugger for Blackheath (The Sussex Vampire). He qualified M.B., B.S., about 1876, and we know that Stamford was a dresser under him at Bart.'s, so he must have been house surgeon or obstetric resident. As he took his London M.D. in 1878, house surgeon seems less likely, and when we find that he might have been obstetric resident to that great man Matthews Duncan, our choice seems almost inevitable (The Study in Scarlet).

After going through the army surgeon's course at Netley, he was posted to the Northumberland Fusiliers in India. On reaching Bombay he found his regiment engaged in the second Afghan War and joined them at Candahar, but was later attached to the Yorkshires and was wounded in the shoulder at the battle of Maiwand (July, 1880). He was in hospital at Peshawar, and had nearly recovered when he got enteric fever; this was a severe attack, and led to his being invalided out of the army, so that he arrived back in England towards the end of the year.

It was under these conditions that he started the famous partnership with Holmes at Baker Street. After the Study in Scarlet (1881), Watson decided to write an account of the case, though it was not published till six years later. By 1883 he had become Holmes' "intimate friend," and assisting Holmes and writing accounts of his cases seems to have been his main interest and occupation (The Speckled Band). Like many men without a regular job, he spent much of his time and money following horse-racing (Shoscombe Old Place) and dabbling in stocks and shares (The Dancing Men); but he still kept up his medical interests, and had the presence of mind to save the life of the unfortunate Mr. Melas, who was suffering from carbon monoxide poisoning (The Greek Interpreter, about 1885). In 1887 he was hurriedly called to Lyons as Holmes was ill, and was relieved to find that there was nothing more seriously wrong than a breakdown from overwork (The Reigate Squires), for which he arranged for Holmes to have a rest at Reigate with Colonel Hayter, who also had been under his professional care in Afghanistan.

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In the Sign of Four (1888), Watson had been reading the latest text-book of pathology, and was able to give a decided opinion about the absence of valvular disease, after listening to Sholto's heart. The fact that he carried his stethoscope with him showed that he liked to take any opportunities of medical work that came his way, and his familiarity with Dr. Trevelyan's monograph on *Obscure Nervous Lesions* showed that he was still reading widely (The Resident Patient).

In July or September, 1888, Watson became engaged to Miss Morstan, and this naturally brought an end to the Baker Street ménage and led to his settling down to earn his living. In February, 1889, shortly after his marriage, he bought a practice in the Paddington district, and by March he had started work, as Holmes deduced from the smell of iodoform, the black stains of silver nitrate, and the bulge in the side of his top hat where he secreted his stethoscope (A Scandal in Bohemia).

Old Mr. Farquahar, from whom he had purchased it, had at one time an excellent general practice, which had shrunk from twelve hundred to three hundred a year owing to his age and an affliction like St. Vitus's dance. Watson was sure that with his energy he would build it up again, and certainly for the first three months he was kept very busy. When Holmes visited him one morning in June, he was reading the *British Medical Journal* at breakfast, but was able to hand over his work for the day to his next-door neighbour, whose practice Holmes deduced from the wear of the steps had been much less successful than Dr. Farquahar's (The Stockbroker's Clerk). The same month he took another day off in the West of England (The Boscombe Valley Mystery).

In July again, although he had had a busy day, he was able to go down with Holmes to Aldershot (The Crooked Man) and to Woking (The Naval Treaty). By August, his practice had steadily increased, in spite of these interruptions, and he had several patients among the railway staff at Paddington Station, through one of whom he introduced Holmes to the adventure of the Engineer's Thumb.

In September, he was staying with Holmes for a few days as his wife was away with her aunt (The Five Orange Pips), and in October, he was still there, and must have taken his holiday and spent it down on Dartmoor (The Hound of the Baskervilles).* Mrs. Watson was evidently away much longer than was expected at first, and probably this was the beginning of her illness—indeed, it is not clear if she was back before January, 1890 (The Valley of Fear), though this may have been a second absence.

In 1890 Watson seems to have been busy with his practice, for in A Case of Identity he had not seen Holmes for several weeks, and

* Dr. G. Winter Dryland has kindly informed me of the local view that much of the background for *The Hound of the Baskervilles* was obtained from near Kington, in Herefordshire, where there is a gloomy-looking house with a sombre double avenue, the quarries only a mile away, and the legend of the Black Dog of Hergest ; and close by the Baskerville Arms at Clyro, with a Mrs. Baskerville still living near.

when he was sent for in Holmes's supposed illness he had not seen him for some time and knew nothing of the case (The Dying Detective). In October, he was able to spare an afternoon, but that was Saturday (The Red-Headed League); indeed, Watson was so busy with his practice during this year that he had records of only three of Holmes's cases (The Final Problem).

Early in April, 1891, Watson was living with Holmes again, and was able to go down to Winchester (The Copper Beeches). Evidently Mrs. Watson was away again and was again forced to stay away longer than was expected, for later in the month when Holmes called on Watson late at night she was still away. Watson said that his practice was quiet and could easily be left to his neighbour while they went to Switzerland to avoid Moriarty (The Final Problem). After such a happy marriage it seems impossible that Mrs. Watson could have been away so much unless her health had broken down, and Watson's loss of interest in the practice after the successful year in 1890, can best be explained this way.

When Holmes returned in 1894 he found Watson settled down in practice again, this time in Kensington, and evidently successfully, for Watson says, "All day as I drove upon my round" (The Empty House). Sherlock Holmes referred to the death of Mrs. Watson, remarking that hard work was the best antidote to sorrow; she must have died about 1892, and most probably from tuberculosis. One might guess at first that she had inherited her father's liability to arterial disease and died from angina pectoris, as he had in his early forties but she was only thirty-two when she died, which makes this unlikely. Further, her appearance and her tendency to blushing and pallor (The Sign of Four) are more compatible with the tuberculous than with the anginal diathesis, and a sudden unexpected cardiac death would not account for her long absences from home. It is equally likely that she inherited her weakness from her mother, who died when Mrs. Watson was a child, probably from tuberculosis, the most natural cause for a mother and daughter both dying young. Her first long absence from home was in September and October, and probably a chill in the beginning of the English winter led to a cough and signs in the lungs.*

Within a short time of Holmes's return we find that Watson had given up his second practice and was back in his old quarters at Baker Street (The Norwood Builder). The call to the old life was too strong, and he had sold his practice in Kensington at a very good price to a young Dr. Verner—a distant relative of Holmes. From 1894 to 1899, there was a steady stream of adventures in which Watson collaborated and afterwards wrote up the accounts, most of them being published in *The Return of Sherlock Holmes*. This seems an appropriate moment to consider the vexed question of the position of the famous lodgings presided over by Mrs. Hudson.

---

* I had not realised that the first Mrs. Doyle developed tuberculosis from which she died about twelve years later (1906)— a further parallel between Dr. Watson and his creator.

WATSON'S SECOND MARRIAGE AND THIRD PRACTICE

The problem of Watson's second marriage is baffling from lack of facts; as Holmes would have said, it is a mistake to theorise in advance of your data, but here, unfortunately, we are not likely to get more data and must do the best we can. Watson seems to have been a man who was quite satisfied with his adventurous life with Holmes, and only turned to the humdrum round of practice when marriage made a regular income necessary. The following are the pertinent facts :—

1. In June, 1902, Watson was shot at and wounded in the thigh (The Three Garrideps).
2. In September, 1902, Holmes managed to break off the engagement of Miss Violet de Merville to Baron Gruner—one of the most unpleasant characters in the whole series of stories (The Adventure of the Illustrious Client).
3. In January, 1903, Holmes was forced to write his own account of the adventure, because, as he said, the good Watson had recently deserted him for a wife (The Blanched Soldier).

Mr. Roberts *(loc. cit)* suggests that Violet de Merville was Watson's second wife, arguing that in making subsequent inquiries about her health Watson, with chivalrous interest in those who were in trouble, would have been led much further ; and that his experience in Afghanistan would have given him a point in common with her father, Colonel de Merville "of Khyber Fame," and would make the engagement less unlikely than it might seem from the exalted circles in which the de Mervilles moved.

Mr. Blakeney in his appendix *(loc. cit.)* attacks this view without suggesting any alternative, mainly on the following grounds :—

(a) She was young, and Watson was fifty—a rather inadequate reason.
(b) The social gulf would have made such a marriage very unlikely in 1902.
(c) Watson makes no mention of it in writing the story, and there is no reason why he should not have given the facts as he did when he became engaged to Miss Morstan.
(d) Had Watson married Violet de Merville he would not have roused unhappy memories by recording such an unsavoury incident in her life.

The last two reasons seem conclusive, and there are two others. Watson must have married in or before December, 1902, and, considering what happened in September, it seems quite impossible that Miss de Merville should have married anyone as soon as this. The second reason is less important in itself, but gives the only clue to the baffling problem of who his second wife was.

In September the story opened with Watson and Holmes in a Turkish bath, and Watson had already moved to his own rooms in Queen Anne Street ; it must have been recently, for in June he had been sharing the old rooms with Holmes. No one with Watson's limited means would have made this move except with a view to practice, and it is unlikely that he would live there instead of having

a consulting room unless he had already made up his mind to get married. It would take some time to take this decision, to get a house, and to move in, so that by August at the latest Watson had settled to return to practice, and probably was engaged to be married —indeed, this was the most likely stimulus to the resumption of his medical life.

In June, when "Killer" Evans was disturbed in his secret hiding place with a large supply of forged bank notes, he shot Watson in the thigh. Watson felt a sudden hot sear as of a red-hot iron, and the next moment Holmes crashed his pistol down on Evans's head and sent him sprawling on the floor. Watson was helped to a chair by Holmes, who ripped up his trousers with a pocket knife, and Watson felt it was worth a wound to know the depth of loyalty and love that lay behind the cold mask, for there were tears in Holmes's eyes. Naturally, after this emotional scene he tried to make light of the wound and called it superficial, but he must have been laid up for some weeks and must have needed a good deal of attention.

Except Mrs. Hudson, who must have been quite elderly by this time, there was no one to look after Watson at Baker Street while he was confined to bed, and he must have had a nurse or entered a nursing home. He was fifty and, like most rugger players who have given up exercise, was probably rather stout, so it is quite likely that the wound was troublesome and kept him in bed for several weeks, through most of July. Knowing his sentimental nature, what was more likely than an engagement to his nurse and a resolve too resume practice and to take a house in Queen Anne Street, after talking it over with her during his convalescence? As these decisions were reached by August, there hardly seems time to have met anyone else, though, of course, he might have become engaged to a friend who visited him while on his sick bed.

Grace Dunbar must have been among these visitors, and I would like to think that she was the second Mrs. Watson. A few months before, in the problem of Thor Bridge, Holmes and Watson had visited her in prison when she was accused of killing the wife of the Gold King, Neil Gibson, whose secretary and governess she was. To quote Watson's own words : "I had expected to see a beautiful woman, but I can never forget the effect which Miss Dunbar produced on me. It was no wonder that even the masterful millionaire had found in her something more powerful than himself—something which could control and guide him. One felt, too, as one looked at that strong and yet sensitive face that even should she be capable of some impetuous deed, there was an innate nobility of character. She was a brunette, with a noble figure and commanding presence, but her dark eyes had in them the appealing, helpless expression of the hunted creature who feels the nets around it, but can see no way from the toils."

We know little of the second Mrs. Watson, but reading between the lines, she does not seem to have been such a charming character as Miss Morstan. After his first marriage, Watson was encouraged to take a share in Holmes's investigations and was frequently away from home for this purpose—indeed, it is surprising that his practice was

as successful as it was—but after his second marriage there are very few more adventures recorded, so presumably his second wife was not as complacent. Perhaps we must blame her even for Holmes retiring soon after September, 1903. Watson was married in December, 1902, and perhaps, when a son and heir was born the following September, Mrs. Watson put her foot down and said that he must stick to his own work ; we can well imagine what a blow this would have been to Holmes, and it probably decided him to go into the retirement about which he had often been thinking.

There is one other allusion that has made me take this rather unfavourable view of Mrs. Watson. In the Adventure of the Veiled Lodger, Holmes was in a smoke-laden atmosphere with an elderly lady of the buxom landlady type when Watson entered, and Holmes is reported to have said that Mrs. Merrilow did not object to tobacco, if Watson wished to indulge his filthy habits. It is impossible that Holmes should have made this remark or that Watson should have added it as editor, considering their own habits as regards smoking, and for this and other reasons it seems that *The Case Book of Sherlock Holmes* must have been edited by a third hand. Who more likely than Mrs. Watson?—and I fear she introduced this remark because she was trying to make her husband give up smoking as well as sharing Holmes's work.

Watson's third practice was in Queen Anne Street, and this raises the question of whether he was a consultant or one of the few general practitioners in this neighbourhood. His third attempt seems to have been at surgery, and at first sight it seems unlikely that he could have had sufficient experience for we only hear of him with a general practice in Paddington and, later, in Kensington. But he must have started with some surgical experience in Afghanistan, and must have extended it with accident cases from his railway clientele from Paddington (The Engineer's Thumb). Even after he had given up his second practice he sat in silence all evening, deep in recent treatise on Surgery (The Golden Pince-Nez). And, perhaps even more important, the South African War would have given him plenty of recent surgical experience, and would have encouraged him to embark as a surgical specialist.

It is good to read that this last venture flourished, for in 1903 Holmes remarked that Watson bore all the signs of the busy medical man with calls on his every hour (The Mazarin Store), so Surgery gained what admirers of Holmes lost.

The Medical Career and Capacitus of Dr. J. H. Watson has also been discussed by Helen Simpson in *Baker Street Studies*, edited by H. W. Bell.

This concludes our extracts from Dr. Maurice Campbell's book.

An Impression

At best one can only gain a superficial impression of an institution as large as Guy's Hospital in two months. Certainly since I've been in London I have found Guy's to have an outstanding reputation among the citizens.

Not being abroad before and travelling alone as the first "guinea pig" exchange student from my hospital I was somewhat apprehensive about the welcome I would receive. My fears were unjustified as throughout my visit I have encountered interested, and friendly, staff and students. I have always been encouraged to observe whatever and whenever I desired and, in some instances, perform various procedures. I was particularly fortunate in the oral surgery department to be invited to watch many interesting operations from which I learned a great deal and I must thank Mr. P. M. O'Driscoll for his kindness.

I was frequently asked for my impression of the dental school, but I think one must answer while keeping in mind several factors. Certainly there are differences; however, one finds differences within his own hospital as well as between hospitals in different cities or countries. My basis for comparison is only against the University of Oregon Dental School which is only as much a representation of "American Dentistry" as is Guy's of "English Dentistry". After being in both places, I think perhaps the students here are forced to specialise too soon in their schooling and thus qualify too young. There doesn't appear to be much opportunity for four-handed dentistry or total patient care here. On the other hand in America I believe dentists are over-educated and must wait too long before beginning their study of dentistry. We also don't provide satisfactory health care to those who need it most—the poor. Much is to be learned from both sides and student exchanges such as these are one way of improving communication and eventually the health care delivery systems.

Foreign dental student exchanges are a new programme in America just since the two-year-old American Student Dental Association joined the International Association of Dental Students. When I return I will be working to promote student exchanges between dental schools. The exchangee as well as the responsibility of being conscientious about his visit should work to promote communication both at the foreign hospital and his own when he returns. Exchanges are easily enjoyable but, with only a little effort, can be made very valuable to everyone. A visitation also pleasantly includes many extra-curricular advantages. Wimbledon, Henley Royal Regatta, as well as side trips to the Continent and Greek Islands were once-in-a-lifetime opportunities. But certainly what made this summer such a fantastic experience were the great people who make up the student body here at Guy's. The "piss-ups", pub crawls, and Indian curry dinners were only a few of the fine traditions I learned. All this concluded by an incredibly great week at the Third World Orthodontic Congress.

To everyone I met and who were so kind to me during my stay here in London (and particularly my flat-mates) I offer my most sincere thanks. I'm looking forward to the day when I might return again. Herewith is my address for those who have asked for it and I invite those I've met here to call on me if they are ever in my part of the world and I will attempt to return the hospitality I've received here.

I hope the exchange between the University of Oregon Dental School and Guy's Hospital Dental School is a friendly, profitable and lasting one.

Richard D. Meltebeke,
3549 S.W. Dakota St.,
Portland, Oregon 97221,
U.S.A. Tel: (503) 246-0902

The Total Eclipse

by BRUCE KILPATRICK

We had an eclipse passing over Kenya last weekend the 30th June. I went about three hundred miles to the centre of the path of totality, we camped in the middle of a desert, known as the Kaisut desert, and had a marvellous view. The total eclipse was one of the most exciting things that I have ever seen. It was an experience that is almost impossible to describe to someone who has not seen one; there is no comparison between a partial eclipse and a total eclipse.

We had a telescope through which, with a filter, we watched the start. With the telescope we saw the start, probably within a few seconds of the moon cutting across the sun. We had taken bearings and map references in the desert so as to be as near as possible to the centre of the eclipse.

It started about 2.45 in the afternoon, while the sun was quite high. We watched it gradually coming across the sun, from underneath, until it was about three-quarters covered. Not until this point was there much appreciable change in the light. We took a series of pictures during the partial phases, through improvised filters, as the correct ones had not been imported. It will be lucky if any of these come out.

As complete totality approached, the light began to change very fast. It did not so much get darker, as change in its colour and quality. During the first few minutes, as it began to get darker, a lot of guinea fowl began walking around slowly, as if going to roost, and a large flock of hornbills began flying around confusedly. The sun got to the point where it looked rather like the newest full moon you could see, and then the arc reduced until it became a point and went out. As the last part of the sun disappeared strange shadows moved in bands across the ground, and suddenly looking up at the sun for the first time with a naked eye, one saw a ball of darkness surrounded by a silvery blue glow.

All around on the horizon was a type of dawn, and most of the light we had probably came from this. One needed a torch to make the settings on the camera. The brightness was a little bit brighter than with a full moon, and we could see a few stars, but these were probably all planets.

Suddenly the first light of the sun returned, and then the eerie light of the near totality. Very quickly everything returned to normal—within ten minutes one hardly realised that an eclipse was still taking place, except by looking up at the sun and seeing that three-quarters of it was still covered.

The period of change and the total eclipse happened much too quickly to notice everything that happened. The total eclipse, where we were, lasted about five minutes, whilst the complete partial eclipse lasted two and a quarter hours.

BOOK REVIEW

JOHN KEATS AND JOSEPH SEVERN : THE TRAGEDY OF THE LAST ILLNESS, Lord Brock, M.S., F.R.C.S. The Keat's-Shelley Memorial Association. Price : £1.25.

Many books have been written about John Keats but Lord Brock confines himself to the nature of his illness, the last few months of his life, and to Joseph Severn who travelled to Italy with him and who looked after him until he died.

The author reminds us vividly of the nature of tubercle as it was then and indeed as it still was until the end of the last war. He conveys the horror and the dread in which the disease was held. Keats himself as a result of his medical training and his experience in nursing his brother Tom recognised the fatal symptom and gave an accurate prognosis when, on coughing up blood, he exclaimed to his friend Brown "That drop of blood is my death warrant."

Very little was known of the pathology or the aetiology of the disease. Treatment was empirical and could hardly have been more wrong headed since it consisted of a low diet and blood letting.

Keats was sent to Italy; another popular idea, but by then he was already dying. For various reasons none of his friends were available to accompany him except Joseph Severn who volunteered at great inconvenience and who risked losing a treasured Royal Academy Scholarship. Joseph Severn has had, in general, what might be called a bad press but Lord Brock shows him in tht best possible light.

The journey to Italy is told more vividly than in many accounts and is harrowing. The two friends sailed from London in a ship of 130 tons. They shared the single cabin with two ladies, one of them dying from phthisis, and the captain. They ran into storms and endured every kind of misery and it took them five weeks to reach Naples. From there they travelled 140 miles to Rome.

For four months Severn nursed Keats and did everything for him. It was a sad, lonely tragedy.

All those interested in Keats and in a disease which killed so many exceptional people just when their genius was becoming apparent will find this small book most rewarding.

J. W. M.

POEM

BEFORE SUNSET

Great shafts of light from the sky, as seagulls wings,
Skim the surface of the sea, to wrinkle its shape.
To shatter water by a million stones, cast
By the hand of universal years, polished to a
Glitter beyond Eyes Stare,—a vast furnace bed
Of boiling thoughts, unheard, unseen
In that awesome unsightness of brilliance, where
Unshaded no Man's Eyes can stare. If shaded
Then the very brightness of that reflected glare, is dulled
By the dark glasses of the Blind and thoughts are lost.
The light shaded green to leave beauty in the ultimate unseen.
How then can truth of mind and sight be sought
Where such brilliance lies surface deep and shatters retina cells
To desire, as the light tipped waves crash, mirror wise,
against crevices of the brain?
How can we gain an insight into beauty, where
The High Tension of Light is made in our own delight
And Old Age only lets the tarnish of the years
Dull the sun and watery eyes see what is really
You and Me?

BRUCE WOTTON.

CORRESPONDENCE

Where Lies the Blame

SIR,—Hospital patients and taxpayers in Britain today are asking why hospitals are in such a perilous position due to the shortage of nursing staff. It can be no consolation to those nurses in control of nurse administration to read that the number of nurses in hospitals in the employ of the Health Service would be adequate IF they were economically deployed. If the time and money which was spent on the Briggs Committee produced no other news, the time and money would have been well spent if the writing on the wall is now heeded by nurse administrators. No informed person can be in any doubt that the most urgent problem to solve is that of the continued costly ruinous problem of student nurse wastage.

WHY do these hand-picked young women who have chosen to accept the challenge which nurse training will always be, decide to opt out during their first few months on the wards? I do not believe the tales of dragons of ward sisters being the cause.

WHY is it getting harder and harder to attract and keep full-time trained staff on the wards?

WHY was £3 million of taxpayers' money recently spent on recruitment of nurses? Pay has little to do with recruiting nurses today when eager hands in offices and industry are offering far greater money rewards than nurses will always have to be content with. Employment of part-time and agency trained nurses will always be fraught with complications and added expense and cannot be at best little more than a stop-gap.

The overall situation today is such that the views of Professor Crossly who sat on the Briggs Committee should be widely known. His views point to the failure of nurse administrators to solve the shortage of nursing staff. Nurses at unit level therefore should be brought more into the picture. I take it that ward sisters and their staffs who are vitally interested in the deployment of nurse labour should now be looked to in the way of solving problems. Miss Veal and her ward sister colleagues bravely raised their voices regarding working conditions which are out of date in women's wards but their voices were silenced.

Today there is an urgent need to introduce change into the traditional time-wasting basic repetitve nursing jobs in the wards. Modern appliances can help but the overall need is to revolutionise PROCEDURES and until this is done there is little hope that progress can be made in staffing Britain's nationalised hospitals with the contended nurses of quality and in quantity which are so urgently needed.

In fairness to politicians—should they be blamed? They have looked to nurses and given them power and opportunities to place nursing on a modern footing. That nurse planners in the corridors of power at the ministry and on the Regional Hospital Boards have fallen short of what was expected of them is not the fault of the Government.

Albury, Guildford, Surrey.

Yours faithfully,

MARY GRANT.

Boxing

SIR,—I entirely agree with Dr. Robert Walton. Take boxing, for example. May we not assume that a chap who has had his brains bashed around a few times or has suffered degrees of concussion but can still stand upright and walk without the aid of a stick is unlikely to be so academically brilliant as to make a bad doctor? There is ample evidence in the *Gazette* from time to time, of the therapeutic effects of this manly sport. No names, no pack-drill, as the saying goes! It is, of course, a very beneficial treatment, too, for the correction of undeflected nasal septa.

I do not know if netball would be regarded as a suitable alternative in the selection of women candidates or if its effects are comparable.

Yours faithfully,

Keats House (Private Dentists' Wing), Harlow, Essex.

ARTHUR H. STOCKER.

100 Years Ago

27th SEPTEMBER, 1873

GENERAL NEWS

On Monday last Mr. John Cunliffe-Pickersgill, aged 58, merchant, residing near Caterham, was brought into Hospital suffering from compound comminuted fracture of both legs below the knees. It appears that while crossing the line near Caterham the Brighton express, whose appearance he had not noticed, struck him on one leg and threw him down on the other, thus fracturing both. On his admission a consultation was held, and on Tuesday, Mr. Davies-Colley removed the left leg at the knee-joint, with antero-posterior flanks, the right being placed in splints. It is still very doubtful whether this leg also will not have to be amputated. We are happy to say, however, that at present he is doing as well as can be expected, considering the double shock of accident and operation.

An Astute Diagnosis of an Irish Coroner's Jury.—The *Wexford People* supplies us with a laughable narrative of a coroner's 'quest in that county, its deliberations and ultimate decision. The inquest was on the body of a child, æt. two years and four months. It appears the child and another of four years and a half, went out on the road to play. The elder one returned in immediately and said that the sow was eating Jemmy, whereupon a girl went out and saw the child lying on the road and the sow standing over him. She brought him in. A messenger was sent for the local doctor, who was met on the road by a person telling him that all was over. On the assembly of the coroner and jury, the doctor made a post-mortem examination of the body, found no internal injury caused by the sow which would be sufficient to cause death; under the left lung he found four white spots such as the lid of a pipe would make if laid on tender flesh while hot, but he said such was not sufficient to cause death. The jury found that death was caused by acceleration of capillary bronchitis brought on by fright.— *Medical Press.*

SPORT

Whatever your particular sporting interests are, here, at Guy's, you are likely to find the facilities available to pursue your sport at whatever level you choose. We are lucky in that our sports ground is locally situated at Honor Oak Park (compared with those of the other London teaching hospitals), where a number of pitches are provided for rugby, hockey, football and cricket, together with tennis courts and athletics tracks. On Wednesday afternoons and again on Saturdays, much sport and alcohol abound.

At Guy's itself, there is a gymnasium, boxing ring, two squash courts and a tennis court, not to mention the table tennis room, billiards tables, bar football, and of course the Saturday night hops in the East Wing. You can row, sail, ski, shoot, play golf, swim, tiddley-wink, run, motor, learn judo and conquer mountains to your pleasure.

Yet, only a small number of students participate, even though they have each paid up to £15 towards the cost of providing facilities, a fact which is

not generally remembered by the students as the payment is made directly by the L.E.A. Perhaps as students, we feel we cannot afford to take the time off to relax away from our studies, or alternatively it may be that we just can't be bothered to make the effort.

At the beginning of this academic year, there will be many new faces around Guy's. Let us hope that the new students are wise enough to take up a non-academic interest, preferably a sport, and we extend a friendly welcome to everyone wishing to take part.

RUGBY

Guy's vs. Bognor

Sunday 2nd September

Guy's 28 — Bognor 9

After a vigorous weekend's training, Guy's played Bognor on a hot Sunday afternoon, more suited to sunbathing than rugby. For the first third of the game neither side made any impression and the deadlock was not broken until Rigg scored after a break by Lewis. Then the ball eventually reached the wing and Yetton scored an unconverted try.

During the second half of the game, the Guy's pack finally gained ascendency over Bognor and a pushover try was scored from a five-yard scrum by John Rooke, a short penalty brought a try for Alistair Cooke and Hugh Munro completed the scoring by appearing on the wing unexpectedly and lumbering in for a well-deserved try. Fitton competently converted four of the tries.

Thanks must go to Janet and her staff for their superb catering at Thatchings during the weekend, and encouragement to our latest spectator Myrtle for her devotion to nursing duty beyond reproach when she tended to an embarrassing injury to a member of the opposition.
Team: M. Danford (Capt.); J. Harker, R. Fitton, A. Cooke, R. Yetton, S. West, R. Moore, M. Phillips, R. Massey, D. Robinson, H. Munro, J. Rooke, M. Gilhooley, P. Lewis, J. Fitzgerald-Frazier, K. Rigg.

Guy's vs. Bromley

Saturday, 8th September

Guy's 22 — Bromley 9

Guy's were fortunate that their backs were in good form against Bromley as their forwards let them down. Lack of fitness in the pack was not the only reason for the dismal performance. Lack of guts and a feeling of apathy from start to finish, were the only prominent features of their display. On the credit side Martin Phillips played soundly and scored a well-deserved try. Steve West had a magnificent game and scored a beautiful try from 40 yards and Richard Fitton crowned an immaculate afternoon's kicking (2 penalties and 2 conversions with a fine, forceful try).
Team: M. Danford (Capt.); J. Harker, R. Fitton A. Cooke, R. Yetton, S. West, M. Phillips, R. Massey, D. Robinson, H. Munro, J. Rooke, K. Rigg, M. Portelly, J. Brazier, B. Hagan.

Guy's vs. Blackheath

Saturday, 15th September

Guy's 3 — Blackheath 33

The scoreline suggests that Guy's were never in the game, but to say so would be simply lying the story. Blackheath always have a powerful side which is both skillful and well-drilled whereas vacations and house-jobs etc., make the task of harnessing the skills which Guy's possess, virtually impossible early in the season. Five of the forwards were regular II XV members last year and when the pack became used to the different standards of first-class rugby and function more as a unit the results must come.

Blackheath scored three tries in the first half, but at the start of the second half, Fitton kicked a penalty and the Guy's forwards started to win a few line-outs and gain a share of the loose ball. Blackheath were then gradually pushed back to their line but Guy's could not manage another score. The killer blow came towards the end of the second half, when Blackheath scored a breakaway goal and a drop-goal and a dubious penalty try, when their winger was obstructed after his kick ahead on the 25-yard line, when there was plenty of Guy's cover around.

John Harker played a fine game at full-back, hardly missing a high ball and counter-attacking when he could. Mike Portelly and John Brazier at wing forward covered unceasingly and quashed many promising Blackheath moves. Team: J. Harker, T. Portelly, R. Fitton, A. Cooke, R. Yetton, S. West, M. Phillips, R. Massey (Capt.), D. Robinson, H. Munro, J. Rooke, K. Rigg, M. Portelly, J. Brazier, B. Hagan.

K.A.R.

HOSPITAL INFORMATION

Applications are invited for the following house appointments due to begin on 1st December, 1973. Forms of application are obtainable from and should be returned to the Superintendent, not later than 12th October, 1973. The Post-graduate Sub-Dean, Dr. Knight and the Superintendent, will be available between 13.00 and 14.00 hours on Wednesday, 3rd October, in the Senior Common Room, Guy's House, to give advice on applications for House appointments to anyone requiring it.

The following house appointments will be made for six months and normally will be open only to pre-registration candidates applying for their first appointment and not to *candidates seeking their second six months'* appointment.

GUY'S HOSPITAL

House Physicians .. .. .. **(4)**
House Surgeons .. .. .. **(3)**
Throat and Ear House Surgeon .. **(1)**
Gynaecological House Surgeon .. **(1)**
Genito-Urinary House Surgeon .. **(1)**

The following house appointments will be for six months and will be open to candidates who have already completed their first six month's appointment at Guy's or elsewhere.

House Physician .. .. .. **(1)**
House Surgeon .. .. **(1)**
Thoracic House Surgeon .. .. **(1)**

ST. OLAVE'S HOSPITAL

House Physician (pre-registration) .. **(1)**
preference given to second six months' candidate.
House Surgeon (pre-registration) .. **(1)**
preference given to second six months' candidate.

NEW CROSS HOSPITAL

House Physicians in General Medicine with Rheumatology and Geriatrics .. **(2)**
(pre-registration)

OUTER HOSPITALS

Preference will be given to second six months' candidates for the following posts, but first six months' candidates may apply.

GREENWICH DISTRICT HOSPITAL

House Surgeon to Mr. Williams and Mr. Park (Urology) for three months, then Mr. Eldin and Mr. Candy for three months .. .. **(1)**

House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf (E.N.T.) .. **(1)**

ST. HELEN S HOSPITAL, HASTINGS

House Physician with Geriatrics to Dr. Irvine (married accommodation available .. .. **(1)**

HITHER GREEN HOSPITAL

House Physician to Dr. Price and Dr. Brown .. .. **(1)**

LEWISHAM HOSPITAL

House Surgeon to Mr. Lynn Evans .. **(1)**
House Surgeon to Mr. Ivo Smith .. **(1)**
House Physician to Dr. Price .. **(1)**
House Physician to Dr. Roberts .. **(1)**
House Surgeon with Orthopaedics to Mr. Monty .. .. **(1)**

MILLER GENERAL HOSPITAL

House Physician to Dr. Hartley, Dr. Bassadone and Dr. Mallinson .. **(1)**
House Surgeon to Mr. O'Flynn .. **(1)**

PEMBURY HOSPITAL

House Surgeon to Mr. Gibson and Mr. Lavey .. .. **(1)**
House Physician to Dr. Miller and Dr. King .. .. **(1)**

ST. NICHOLAS HOSPITAL, PLUMSTEAD

House Physician to Dr. Scott .. .. **(1)**

ORPINGTON HOSPITAL

(Married accommodation available, if required)

House Surgeon—General Surgery and Orthopaedic to Mr. T. A. Boxall and Mr. S. J. Lam .. .. .. **(1)**
House Surgeon—General Surgery and E.N.T. to Mr. Walker-Brash. (new appointment being made for E.N.T.) .. **(1)**
House Surgeon—General Surgery and Orthopaedic to Mr. Walker-Brash and Mr. S. J. Lam .. .. .. **(1)**
House Surgeon—General Surgery and Gynaecology to Mr. T. A. Boxall and Miss M. Austin. This post will not be vacant until 18th December, 1973). .. .. **(1)**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Resident Senior House Officer** in Anaesthetics from 1st December, 1973, for a period of six months in the first instance.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Part-time Casualty Officer** (Senior House Officer Grade) at the Evelina Hospital to work five afternoons a week (five sessions) from 1st. December, 1973, for a period of six months in the first instance. This post would suit a married woman returning to practice.

Applications, together with the names of two referees, should be made to the Superintendent, Guy's Hospital, London SE1 9RT not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Casualty Officer** (Senior House Officer Grade) at Guy's Hospital for the six months period commencing 1st December, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **House Physician in Child Psychiatry** (S.H.O. Grade) part-time at Guy's and part-time at the Evelina Children's Hospital, commencing 1st December, 1973, for a period of six months, resident or non-resident.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** (Medical) to the Renal and Transplant Units to commence 1st December, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Resident Senior House Officer** to the Thoracic Surgical Unit at Guy's Hospital, commencing 1st December, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior House Officer** to Nuffield House (Private Wing of Guy's Hospital) to commence 1st December, 1973, for a period of six months.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Resident Obstetrician** (S.H.O. grade) for the period commencing 1st December, 1973, for six months.

Applications, together with the names of two referees or enclosing two recent testimonials should reach the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th Ostiber, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of post registration **House Physician** to the Department of Paediatrics at Guy's Hospital for a period of six months from 1st December, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Resident Paediatric House Physician** (post registration) at the Evelina Children's Hospital for a period of six months from 1st December, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **15th October, 1973.**

PASS LIST

ROYAL COLLEGE OF OBSTETRICS AND GYNAECOLOGISTS

M.R.C.O.G.

July 1973

P. Bowen-Simpkins
Angela Dunham
D. E. P. Shapland

ROYAL COLLEGE OF PSYCHIATRISTS

M.R.C.Psch.

D. W. Bainbridge
P. M. A. Bowden
W. R. L. Chemmey
R. Kumar
S. R. C. J. Little
M. A. Simpson

B.Sc. DEGREE

1st Class Honours

Akle, C.
Bowles, Miss B. J. M.
Brame, K. G.
Hilton, P. J.
Jeffreys, D. B.
Odle, Miss F. J.
Rix, Miss C.
Robbins, G.
West, S. E.
White, I. R.

CHANGES OF ADDRESS

Dr. D. A. Rees, Field Head, Nowton Road, Bvry St. Edmunds, Suffolk.

Stuart and Wendy Jack, 27 Moreton Avenue, Harpenden, Herts.

PERSONAL

Dental Partnership. Due to retirement of senior partner, the opportunity has occurred for young experienced dental surgeon to join our all Guy's practice, S.W.1. area. No N.H.S. treatment undertaken. Box. No. 1/9.

Baby-sitter required on a regular basis in Blackheath Village. Transport provided if necessary. Nurse or retired nurse particularly welcome. Tel. : 852 4476.

Small unfurnished flat wanted for mature business lady. Reasonable rent. Permanent let. Close to London, Kent area preferred. Tel. : Farnborough (Kent) 58530 evenings. 01-407 7600 Ext. 357 daytime.

Sidcup. Large furnished flat in Georgian house on 20 acres, 12 miles London. 4 bedrooms playroom, drawing room, dining room, bath and kitchen. Night storage heating. £23.50 per week. Tel. : 01-300 2347.

Young Expanding Practice with new Surgery to rent. High gross N.H.S. /Private Practice. Batchelor flat available. Tel. : Newport, Mon. 71068.

GUY'S HOSPITAL
JUNIOR STAFF APPOINTMENTS, 1973/74
MEDICAL

The following appointments and reappointment have been made for the period beginning 1st October, 1973.

Medical Registrars

Dr. T. C. Northfield
Dr. J. D. Powell-Jackson (Lewisham Hospital from Feb. 1974)
Dr. W. Seymour
Dr. M. F. Shiu
Dr. D. J. Lipscomb
Dr. J. Bingham (St. Olaves)
Dr. H. J. H. Williams (New Cross)
Dr. R. B. Stott (Lewisham Hospital until February 1974, then Guy's)
Dr. J. G. Pickering (St. Olaves)
Dr. A. J. Rees (Greenwich District Hospital)
Vacancy—Neurology

Junior Medical Registrars

Dr. I. D. Starke
Dr. W. C. Brownlee
Dr. R. J. Hay
Dr. C. H. Zuckerman
Dr. C. D. Pusey
Dr. D. A. Raper
Dr. R. A. G. Goodhart

Registrar to the Renal Unit

Dr. C. B. Brown

Registrar to Intensive Care and Clinical Toxicology

Dr. J. A. Vale

Registrar in Endocrinology and Nuclear Medicine

Dr. R. J. Wainwright

Surgical Registrars

Mr. A. B. Richards (Gt. Ormond Street)
Mr. R. C. Lallemand
Mr. R. E. C. Collins (St. Olaves)
Miss R. C. Radford (Bromley)
Mr. T. A. Harrison (St. Olaves)
Mr. M. R. L. Joyce
Mr. N. J. Barwell (Greenwich)
Mr. H. G. Sturzaker (St. Mark's Hospital)
Mr. A. R. Qureshi (Lewisham)
Mr. P. C. Smith
Mr. R. J. Irwin (Pembury)
Mr. T. Bates (Breast Unit until 1st April, 1974, then U.S.A.)

Junior Surgical Registrars

Mr. W. J. Owen
Mr. J. D. Spencer
Mr. J. G. Payne
Mr. B. R. Kenning

Registrars in the E.N.T. Department

Mr. D. B. Bathias (Study leave from 1st October 1973 until 31st March, 1974). Locum Miss Bajwa
Mr. R. J. Parker (Lewisham Hospital)
Mr. P. Kitchen
Mr. J. Hibbert

Obstetric Registrars

Mr. T. G. Nash
Mr. F. Abdel Sattar
Mr. J. B. M. Shepherd (Farnborough Hospital)

Registrars in Rheumatology

Dr. T. J. Gibson (U.S.A.)
Dr. R. A. Billings
Dr. J. D. MacFarlane
Dr. T. F. W. Dilke
Dr. A. Calin (Brighton and Lewes Hospital)
Dr. P. A. Dieppe

Registrar in Cardiology

Dr. R. A. J. Spurrell

Junior Registrar in Cardiology

Dr. A. J. Camm

Registrar in Chemical Pathology

Dr. R. J. Von Witt

Registrars in Clinical Pathology

Miss L. Ardagh
Dr. J. G. Kensit
Dr. P. E. Nicholls
Miss P. Hamilton
Dr. M. F. Leahy

Junior Registrars in Clinical Pathology

Miss J. Dove
Mrs. L. Light (St. Olaves)
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Mr. J. C. Bennett
Mr. R. A. Quealy
Mr. I. D. Brown (from 1st December, 1973)

Registrars in Clinical Dental Surgery

Mr. J. D. James (Queen Victoria Hospital, East Grinstead, until November, 1973, then Guy's
Mr. P. Cove (Queen Victoria Hospital, East Grinstead from November, 1973)
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GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2223

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Creative thought and the application of that thought may be considered the privilege and prerogative of the artist. This of course is not so; each of us is capable of thinking and acting in two ways: creatively and reactively. Creative thinking may be described as that initiating action whilst reactive thinking is that which is demanded by external pressures. The increasing tempo of life; especially in London and the pressure of work is diminishing the time that each of us can spend on "creative thinking"—we are so busy reacting merely to keep up. Nowhere is this more true than in Dentistry and Dental Education. The vast majority of the dental surgeon's work is reactive—the filling of holes left by caries is a prime example. The dental surgen can afford lttle time (or money) for creative measures.

Creative dental education, i.e. the future planning of the methods and techniques used as well as the material taught is difficult to achieve in a hospital which is working within N.H.S. pressures and yet working without a department of Dental Education to counteract these pressures. Such a department would be responsible for developing dental education and could do so whilst subject to less of the pressures which unfortunately befall our clinical tutors.

MEDICAL CHAPLAINCY—part of the Anglican Chaplaincy to the University of London centred on the University Church of Christ the King, Gordon Square (opposite Dillon's Bookshop).

This newly-found organisation held its first monthly meeting on Wednesday, 10th October. His Grace the Archbishop of Canterbury came to speak about "The Problems of Christian Belief". Being a man who is much concerned with the more traditional church, he shows great interest and concern for the new groups and movements practising allegiance to Jesus Christ. He talked about the different aspects of the personality of Jesus which arouse people's interest, admiration and devotion.

He put forward four criteria which he has drawn from the gospel records, which he believes are "tests of the real Jesus".

1. Jesus always leads man beyond himself. He made stupendous claims but was such an ethically convincing person that 12 intelligent men believed in him. He effaced himself at all times and proclaimed the sovereignty of God.
2. Jesus appeals to all the faculties of man: emotions, will, imagination and the mind.
3. Jesus appeals to man in his total human context, both in personal relationships and in large communities. Who is my neighbour?
4. (a) Jesus' death on the cross, the supreme, universal and external symbol of what God's love does in response to the sin of man—goes on loving us whatever we do—and how sin affects his love.
   (b) His resurrection, which is the victory of God over sin and death, and that Jesus is alive today and people have a continuous relationship with him.

The Archbishop was an optimistic and joyful man and patiently answered the many questions put to him with wisdom and humour.

We are very privileged to have heard him speak to us at Guy's and thank all the people involved in arranging his visit.

Claudia A. Lloyd Roe

Cards of future meetings are available from me (1st year clinical medic.), the medical chaplain, the Rev. Dr. Michael Brice (in the Spit on Monday mornings), also Peter Whitehead, Margaret Long and Bridget Williams.

GUY'S DIARY

OCTOBER		
23	Tu	1.00 Clinical Lecture Dr. ROBINSON. "Speech Delay and Learning Problems in Childhood".
25	Th	1.00 Clinical Lecture Dr. MACKENZIE. "Polymyositis and Muscular Wasting Syndromes".
25	Th	M.D.U. Inaugural Dental Lecture. British Dentistry Within the E.E.C. Professor Howe. 3, Devonshire Place.
30	Tu	1.00 Clinical Lecture Dr. HALL.
30	Tu	5.00 Pupils Physical Society. "Virus Hepatitis." Anatomy Theatre.
NOVEMBER		
1	Th	1.00 Clinical Lecture Dr. BLACK. "Hypochromic Anaemia".

"Afore ye operate"
Remember glass shows on X-rays

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NEWS IN BRIEF

International Prize for Modern Nutrition

We should like to congratulate Professor Ian Macdonald on the award of the International Prize for Modern Nutrition for 1973. Professor Macdonald received this prize for his work on "The relation between dietary carbohydrates and atherosclerosis."

Director-General of R.A.F. Medical Services

We should also like to congratulate Air Vice-Marshal Geoffrey Dhenin (Hon. Physician to the Queen), on his appointment to the above post.

Pupils' Physical Society

A group of second-year clinical medical students is to revive the society with a lecture on "Virus Hepatitis" given on Tuesday, 30th October.

Meetings will be held once a month, at which an individual or group of students will talk to the society on a topic of scientific or clinical interest. The *Gazette* wishes them the very best of luck in this enterprising venture.

This lecture will be given in the Anatomy Theatre by Prof. Sheila Sherlock of The Royal Free Hospital. Prof. Sherlock is an internationally recognised authority on hepatic disease, and students expecting a learned discourse on the topic of viral hepatitis will certainly not be disappointed.

Dr. Philip Helliwell

We are sure everyone will be pleased to learn that Dr. Philip Helliwell, the Hospital Superintendent, has been made President of the Association of Anaesthetists of Great Britain and Ireland. This is a very well-deserved honour, and we wish him a happy and successful term of office.

The Swinging Seventies

The following instructions in two-inch high capitals were found stapled inside an old physiotherapy treatment card:—

RELAX
GO LOOSE
PUSH IN
HOLD IT
STAY
SWING

The patient, aged 73, was discharged "much improved".

AS A NAVAL DOCTOR, YOU'D GET A WHOLE LOT MORE OUT OF LIFE.

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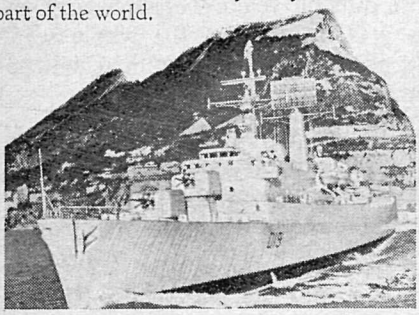
Serving either with the Navy at sea or among service personnel and their families at a naval establishment. Very likely in another part of the world.



Either way, you'd never find yourself short of assistance. (Every naval doctor is fully supported by medical staff).

Equally important, you'd never find yourself getting into a rut – for in two years or so you'd receive a new appointment.

In a new place. Doing a different job. Perhaps with the chance to learn something of the special problems of diving, aviation, or tropical medicine for example.

It's a stimulating life. Not only for yourself but for your family too.

For in most cases they'd accompany you. And wherever you go there are usually married quarters – fully furnished houses or flats, equipped with everything you need. And at very reasonable rents.

What's more, a generous education allowance is made for your children if they are at boarding school. £363 p.a. for a first child, £432 p.a. for a second, £519 p.a. for a third. On top of this, removal and other allowances are also provided.

Add this to the salary and you'll see how well a naval doctor's pay compares with a civilian doctor's.

For instance, with five years' post registration experience you would join us as a Surgeon Lieutenant-Commander on £4,767 a year.

And any specialist qualifications/experience you have could increase your salary even more.

There are opportunities, too, to keep up with the latest developments in medicine. For the Navy fully recognises the need for such opportunities both in the interests of naval medicine and a doctor's professional advancement.

That's not all. You can join on a 3-year or 5-year commission (each carrying a tax-free terminal gratuity of £1,500 and £3,000 respectively) and you can transfer to a full 16-year pensionable commission if you wish.

To find out more, write to Surgeon Cdr. L. C. Banks, M.B., B.Ch., R.N. (26AG1), Dept. of the Medical Director-General (Navy), Empress State Building, London S.W.6.

RN ROYAL NAVY

F. R. KILPATRICK, M.S., F.R.C.S.

An appreciation

It is difficult to realise that Kilp retired on the 18th September. His youthful appearance belies the passing of the years and in a typical unassuming and modest way his last round, his last clinic and his last operating session finished with few appreciating what had happened.

His going, however, must not pass unnoticed for he is the last of a surgical era at Guy's. Few who qualified during the war would doubt that Sam Wass and Kilp had more influence than any other on the surgical teaching during those difficult years. Through no wish of theirs they stayed as registrars at Guy's during the whole war, doing most of the emergency work, and countless Guy's men will be grateful to them for what they did, each in their own way.

Kilp will be remembered most for his thoughtfulness, his kindness and his generosity to all. He never forgot a patient or dresser or nurse because he had a genuine interest in people. His humility and shyness hid an iron will, but his humour and wisdom were obvious to all.

In his work he was a perfectionist, nothing was left to chance and he never cut a corner to save time. His influence on his registrars both at Guy's and at St. Peter's was great, both in the management of patients and in the operating theatre.

George Doherty and Kilp, together built up the Urology Department after the war into one of the busiest and best in London, and their partnership was a happy one. Kilp's contributions to Urology are valuable. His experience in recto-prostatic fistulae is unrivalled and his work on horseshoe kidneys, the conservative surgery of renal stones and urethral strictures is notable.

Kilp had a great love of Guy's and the Borough and his knowledge of the history of the hospital and Southwark is well known. For many years he was the secretary of the Club Union, a task which he performed with devotion.

He has many other interests outside his work. He is a keen bird watcher and has enjoyed many happy hours relaxation all over the world with his binoculars and telescope. More recently, he has taken to the study of wild flowers with the same thoroughness that he has tackled everything.

Through all his working life, he has been supported and protected from the rush of a busy surgical practice by his wife, Eileadh. There can be no doubt that they will have a happy and full retirement in their lovely new home, Hookwood, in Sussex, but we shall miss them both.

Lilly's cephalosporin antibiotics started their development from a precious 5 grams (about a tablespoonful) of Cephalosporin-C. The substance promised exciting therapeutic potential, but the problems of development and production were enormous.

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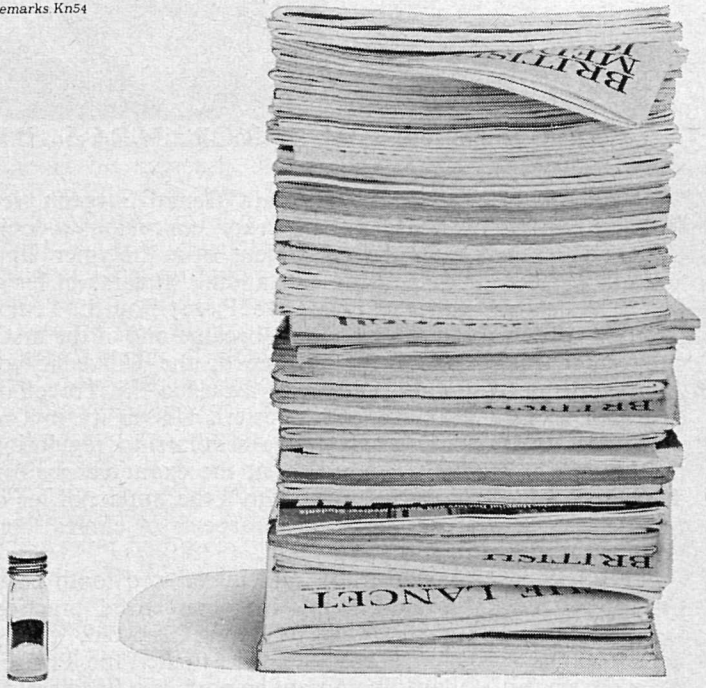

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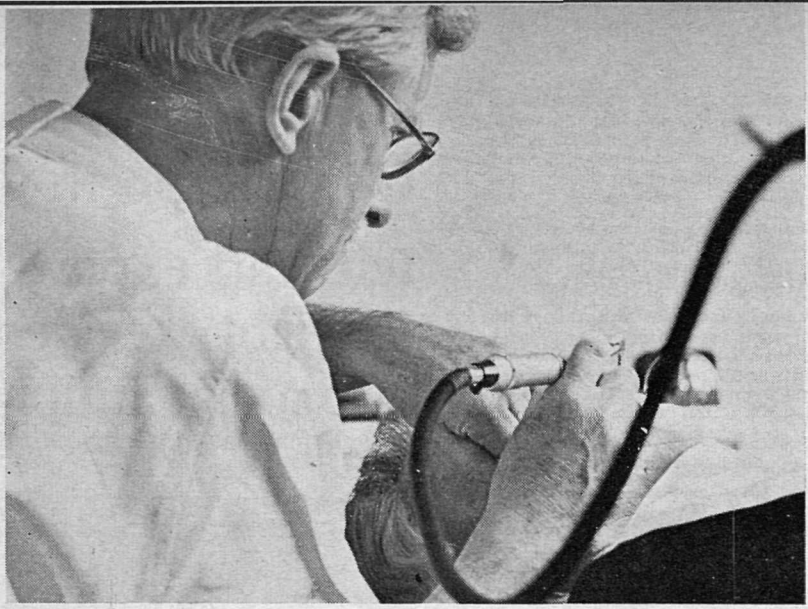

Allan Thompson, F.D.S., L.R.C.P., M.R.C.S., B.D.S.

An Appreciation

Mr. Allan Thompson, Consultant Dental Surgeon, retired from the staff earlier this year after 46 years' continuous association with Guy's. "Tommy" entered as a student from Latymer Upper School and quickly became one of the outstanding students of his generation. By 1930 he had won the Operative Prize, Fourth Year Prize and Newland Pedley Gold Medal and he became one of the first few Guy's students to obtain the B.D.S. degree of the University of London. After a House Appointment he was awarded the Travelling Scholarship and spent a year at North Western University in Chicago, but unfortunately by some quirk in the scholarship regulations as they then stood, he was not allowed to sit the examinations for a D.D.S. degree. However, on his return to Guy's the impact of his enthusiasm for the very highest standards in all aspects of clinical dentistry was to have an influence for many years.

He became a demonstrator and introduced tooth carving, using first of all blocks of hard soap. He commenced practice with the famous American dentist, Dr. William Griswold, who had been dentist to the Kaiser in Berlin and who treated the Prince of Wales. As well as this, Allan Thompson entered the Medical School and started studies for his conjoint diploma.

Over the next few years he was demonstrator in the Prosthetics department, started the Periodontal Clinic with F. S. Warner and carried out research with W. E. Herbert on the casting and accuracy of fit of gold restorations.

After Griswold died Allan Thompson worked for a time with William Kelsey-Fry (later Sir William)—but by the time he obtained his Conjoint Diploma in 1938 he had started his own practice.

The war period was one of intense activity for he was made Acting Radiologist to the Dental Department. This appointment really covered far more than radiology and he helped out in any

department that needed him and took a major part in the clinical teaching throughout the war.

After 1945 he returned to practice and at Guy's with W. E. Herbert and W. A. Vale was responsible for the crown and bridge teaching and largely introduced the spring cantilever bridge into English practice.

In 1949 he was appointed to the Consultant Staff and in the same year the F.D.S. Diploma of the Royal College of Surgeons of England was conferred on him. At that time he was famed for his skill at root resections under General Anaesthesia and from this developed his association with Dr. W. S. McConnell. Together they popularised the "short case" intravenous anaesthetic. Their accent on safety and separate operator and anaesthetist was not always heeded in the "Pentothal era" which followed.

Allan Thompson was always greatly sought after as a consultant, particularly in Minor Oral Surgery and Bridgework. Many generations of Guy's men referred patients to his clinic and so often came to him for personal treatment. Above all his sound judgment was based on immense experience; his philosophy of simplicity was allied with a demand for uncompromising quality.

Throughout his career he has fought for the highest standards and has influenced countless Guy's men. All will appreciate his plea for good lighting, visibility and equipment. Perhaps more than anything is his ability to see immedate advantages in new techniques. He had one of the first air turbines in the United Kingdom and more recently became an early protagonist for low-seated dentistry. A fluent speaker, he has given uncounted postgraduate lectures and courses in recent years. Lately his interests have veered more to Conservative work and particularly Bridgework. His Presidency of the Metropolitan Branch of the B.D.A. in 1966 was a special restorative year and was outstandingly successful. His Presidential Address, later reprinted as an article "British Dentistry Today"[1] was a commentary on the National Health Service and particularly on Academic Dentistry. This outspoken paper brought criticism from some colleagues but had great support in the profession at large and was influential in the founding of the British Society of Restorative Dentistry. He was later unanimously elected President of that Society as one of the foremost restorative dentists in practice.

Activity is a word always associated with Allan Thompson. He has always been supremely fit and has recently taken up ski-ing. His greatest outside interest is perhaps his garden with its unique botanical collection of shrubs. Those who have been to their house are always struck by the tasteful decor and subtle design of house and garden arranged by Jane and himself. Her support has contributed so much to his career. There can be few Consultants whose three children have all graduated from his own school.

Above all Allan is still pushing dentistry ahead every day. His standards are continually being upgraded. He has never kept any secrets of his success to himself but how few have the dexterity or ability to emulate him.

J.M.M.

[1] "British Dentistry Today": BDJ Vol. 12, No. 1, pp. 32-36, 5th July, 1966.

B.D.S.A. Summer Conference

11th - 14th September

This year, the British Dental Students' Association descended upon Edinburgh, in bonnie Scotland, for their Annual Conference, which was undoubtedly a tremendous success, both academically and socially. Guy's were represented by Messrs. Nick Jones, Dave Sykes and Dick Glazebrook, who thank the dental society for their generosity in assisting their passage to, and presence at the impressive Pollock Halls of Residence, where the conferenc was held. These buildings formed the "Olympic village" for the Commonwealth Games, and were suitably stylish and commodious.

After arriving on Tuesday evening, the proceedings began on Wednesday morning, with the first session of the A.G.M., which was mainly taken up by annual reports, especially noteworthy being that of the exchange officer, who is responsible for student exchanges between Britain and Overseas. After a good year, we hope to expand this even more in the future. After lunch, the fifty or so delegates were whisked by coach to the Edinburgh eye-pavilion, where we were all treated to tea, sandwiches and cakes, followed by a film demonstrating cataract operations. A healthy mixture of stimuli to sort out the more sensitive members of the party! Before supper came, one of the highlights of the conference—a civic reception given by the city of Edinburgh. It appears by his speech that Baillie Cook, Baillie of the City, bases his dental care on his certification that "based on no theoretical or clinical evidence whatsoever, my colleagues and I firmly believe that Scots Whisky is good for the teeth and gums!" None of us disputed this as glass after glass of the aforementioned mouthwash appeared in front of us. After supper, a further treat was in store for us, a cocktail party given by Carruthers and Co., Dental distributors in Scotland. One poor student (not from Guy's, I hasten to add) discovered that double gins and topical fluoride gels is definitely a combination to be avoided at all cost!

Thursday arrived after a short sleep, at the expense of the Society of Archivists, conferring in the adjacent building, with a lecture and a discussion, on the curricula used in British dental schools; an unfortunate burden upon all students.

That after much debating, the following was agreed:

(1) Students should be introduced to patients earlier in their course, perhaps scaling, polishing, or fluoride applying, and/or as nurses to more senior students, preferably during their first year.

(2) Behavioural Sciences, and psychological approach, should be given much more emphasis, as should basics of running a practice and liaison with assistants, i.e. nurses and technicians.

3) Full-mouth care of a patient should be made possible, at least to final year students and possibly to less advanced students

GUY'S HOSPITAL

Annual Dental Ball

★ ★

Saturday, 3rd November, 1973

Cunard International Hotel Hammersmith

★ ★

BAND + TOMBOLA + DISCO

Tickets: £7 double

From: H. F. THOMAS
J. H. HARKER
EAST WING

also. This could be much facilitated by the establishment of polyclinics, where all work, preventive, periodontal, conservative and prosthetic, could be carried out. We acknowledge many of the older schools have architectural problems, and some newer schools too, but we feel that by careful administration and rationalisation of staff these problems could be overcome.

(4) A longitudinal rather than a segmented course should be the basis of the curriculum, with continual assessment playing a more important role, as in many Common Market and Scandinavian schools. The delegates felt, though, that examinations still had their place for academic assessment.

Although this discussion ran well on into lunch-time, no one missed the afternoon diversion, a visit to Dewar's, that well-known blender of one of Scotland's finest exports. One cannot but be impressed by the scale and care of the operation and saddened by the sight of unavoidable wastage forming puddles on the floor! After supper, we were treated to a very scientific, as well as entertaining lecture on hypnosis, sorry, hypno-therapy, with suitable demonstrations afterwards. All were convinced as to its value in dentistry, for nervous patients, for those who have trouble with the anaesthetic of choice, and for stimulating patient motivation. All Friday, was spent thoroughly discussing topics, such as the Government's attitude to dental health and V.A.T. Replying to the G.D.C. who requested a document on dental education, information of the 17 U.K. Dental Schools and whether or not to support the National Association of health students. The new B.D.S.A. executive was elected and congratulations are in order to Professor Boyes, Senior President, and David Irwin, President, and all the other members who successfully withstood the scrutiny of the delegates to aspire to election. Many thanks must go to Professor Prophet and to Peter de Loughery, who so admirably fulfilled these roles last year.

The conference ended with the annual dinner, held at the Roxburgh Hotel, Edinburgh, the climax of the week's events. All were agreed that the highlight of the evening was the speech by the guest speaker Mr. McLennon, an oral surgeon, and obviously a proficient yachtsman, as he is well versed in sailing very close to the wind! Many thanks must go to all who attended the dinner especially the "Man from Ponsons" who presented the valuable essay prizes for 1973. Many, many thanks also to Paul Jackson, who as organiser of the conference, somehow managed to not only provide a superb timetable, but to make it work as well, a superhuman effort, and last but not least, thank you to all the delegates for making the effort to come, and for making the conference the success it was.

Dick Glazebrook (*B.D.S.A. rep. Guy's*)

Guy's Casualty and the G.P.

R. Coles, B. Patch and K. Wright: Medical Social Workers, Guy's Hospital, and Mr. S. Donnan, formerly Casualty Registrar, Guy's Hospital.

Introduction

Traditionally Guy's is a community hospital. However, one aspect of this tradition is that many patients (so it seems to the Casualty staff) use the Casualty Department as a G.P. service.

Earlier this year a group of Guy's Community Medicine students interviewed a sample of patients attending Casualty and confirmed that many non-accident patients made no attempt to contact their G.P. before coming to Guy's. For many patients the reason for coming to Casualty was simply that it was more convenient, although some said that they thought the G.P. would not have adequate facilities to cope with their problem.

Professor McColl, at the time Consultant in charge of Casualty agreed that it would be worthwhile for us to try to find out the views of the G.P.'s in the Guy's catchment area. We contacted 50 G.P.s in 35 practices in S.E.1. and S.E.16. and were able to interview 38 doctors with an average list of 2,155 patients. The Social Worker co-authors did the interviewing because they wanted to see more of the community health services and also because we thought the G.P.s might say less if interviewed by a Casualty Officer or Registrar. In view of the comments made about Casualty Officers we feel that we made the right decision about the interviewers.

Findings

We asked 8 questions which fell into 3 sections. The questionnaire is attached as an appendix and the results were as follows.

The first section concerned feedback to the G.P. from Casualty.

Q1. Is the feedback from Casualty adequate?
20 G.P.s thought adequate or fair.
18 G.P.s thought inadequate.

Q.2. Do you expect a letter from the Casualty Officer (a) if you refer a patient with a letter; (b) if you don't write a letter?
26 G.P.s wanted a letter about all patients.
12 G.P.s wanted a letter only if something of significance was found.
(24 G.P.s said that they always wrote or telephoned about a referral to Casualty).

The second section concerned the attitude to patients coming to Casualty and the number of referrals.

Q3. What do you think of the system in some hospitals where patients other than accidents and emergencies will not be seen without a doctor's letter?
18 G.P.s approved—they were concerned that the system be worked humanely so that patients in need of medical care should not be deterred from seeking attention.

19 G.P.s disapproved—they felt that no medical service should turn away patients, and many said that a hospital opinion would often be needed anyway.

1 G.P. was uncertain.

Q4. What do you feel about patients going straight to Casualty and not consulting you first?

18 G.P.s approved—3 approved if the patient wanted a G.P. after surgery hours

19 G.P.s disapproved—many thought that patients as a matter of course went to Casualty after surgery hours.

1 G.P. was uncertain.

Q5. Would you prefer to treat more patients yourself if you had more equipment or staff?

9 G.P.s said Yes.

28 G.P.s said No.

1 G.P. was uncertain.

Many G.P.s said that they referred to Casualty for a specialist opinion or service rather than because of lack of facilities. They also pointed out that there were three Casualty Departments in the vicinity and that it was not NHS policy for G.P.s to expand their scope of treatment. For example there were financial discouragements to their obtaining more specialised equipment.

Q6. How many patients have you referred to Guy's Casualty Department in the past two months?

20 G.P.s had referred between 0 and 10 patients.

11 G.P.s had referred between 11 and 50 patients.

4 G.P.s had referred over 50 patients.

3 G.P.s were uncertain.

Q7. How many patients have you referred to other Casualty Departments in the past 2 months?

12 G.P.s had referred no patients elsewhere.

6 G.P.s had referred between 1 and 10 elsewhere.

2 G.P.s had referred between 11 and 50 elsewhere.

3 G.P.s had referred over 50 elsewhere.

15 G.P.s were uncertain.

The final section of the questionnaire concerned modifications in the present Casualty organisation.

Q8. In the light of your experience what services would you like Casualty to provide in addition to or as a modification of the present system?

We have added comments made in the course of the interview and found that the G.P.s made many more constructive suggestions than destructive criticisms. The comments fall into two broad categories, concerning (a) communications and professional relationships, and (b) changes in the service offered.

(a) Seven G.P.s felt that there is ignorance among hospital doctors and G.P.s concerning the other sphere of practice. One said, "They are like two different species who are antagonistic towards each other." Two G.P.s suggested that there should

be discussions between Casualty Officers and G.P.s with meetings in Casualty and in the practices. One G.P. thought that G.P.s should spend some of their time working in the Casualty Department. The other main comment in this category concerned the relative inexperience of many Casualty doctors. The G.P.s were aware of the great pressure under which these young doctors work and some felt that this was often the cause of their aggressive attitude to patients and G.P.s' Telephone communications were often difficult also. One G.P. thought that a proper Casualty career structure might alleviate some of the pressures. Five G.P.s thought that Casualty Officers often referred patients to the G.P. for certificates instead of writing the certificates themselves.

(b) The main additional service mentioned by the G.P.s was an experienced second opinion in Casualty. Twenty-five G.P.s specifically referred to the sorting room at St. Thomas's Hospital and 15 wanted a senior opinion in specialities such as psychiatry, medicine, gynaecology, geriatrics and paediatrics. Three G.P.s mentioned the very useful 24-hour psychiatric service at the Maudsley Hospital. One G.P., however, thought the whole system at Guy's inefficient and outdated and he felt that St. Thomas's could teach us a lot in how to run a hospital efficiently!

Other services requested included easier access to X-ray, ECGs and pathology (9 G.P.s) and direct referral of patients for minor operations (7 G.P.s). Two G.P.s thought arranged admissions should go direct to the ward and not through Casualty, and 3 G.P.s thought that Guy's was becoming selective and giving priority to "interesting" admissions for teaching.

Comments

While we cannot make any statistical inferences from the study, many strongly-held opinions have emerged especially as to the sort of Casualty Department many local G.P.s would like Guy's to provide. We would like to make the following comments about the present Casualty organisation in the light of our study.

(a) Letters: It has been the policy to write to the G.P. concerning any significant findings in Casualty.

(b) Turning patients away: At present no patient is turned away from Guy's Casualty because they have no G.P.s letter.

(c) Patients attending Casualty without consulting their G.P.: Despite the theory it seems that many G.P.s do not discourage their patients from coming straight to Guy's especially after hours. This is one important factor in making Casualty Officers rather antagonistic to G.P.s! However it seems important that G.P.s should know about patients attending Casualty without being referred. In fact, one group practice felt that they might have to revise their appointment system if a substantial number of their patients were going to Casualty rather than the practice.

(d) Relations between Casualty staff and G.P.s: In the past, attempts have been made to bring the 2 groups together (this was the prime object of this study) and General Rogers, the new Casualty Consultant, has begun to arrange meetings.

(e) Admissions, minor operations, X-rays, ECGs and pathology: These decisions are for the most part outside the direct involvement of Casualty.

(f) Sorting room as at St. Thomas's: This was the most frequent request for a change in the service provided by Guy's. However, this seems to us to be part of a misunderstanding between the roles of G.P. and Casualty Officer or Casualty Department. The service provided at St. Thomas's is apparently a medical and surgical registrar referral clinic each weekday morning—an instant second opinion. We understand that Guy's policy is to provide this service through the Outpatient Department rather than the "Accident and Emergency" or Casualty Department, and we can understand the irritation of Casualty Officers asked by G.P.s to provide a different service. In conclusion it seems to us that most local General Practitioners feel that Guy's offer a good service with room for improvement. The G.P.s were, however, not very optimistic about any of their recommendations being acted on, but we are hopeful that further discussions between senior Guy's staff and G.P.s may produce mutually beneficial changes and further improve the service which Guy's provides to its community.

Acknowledgments: We wish to thank Professor McColl, Major-General N. Rogers, Dr. J. Anderson and Miss R. Kedward for their interest and help.

G.P. INTERVIEW BY SOCIAL WORKERS

Outline of questions

1. Is the feedback from Casualty adequate?
2. Do you expect a letter from the Casualty Officer if you (a) refer a patient with a letter; (b) if you don't write a letter with the patient?
3. What do you think of the system in some hospitals where patients, other than accidents and emergencies, will not be seen without a doctor's letter?
4. What do you feel about patients going straight to Casualty and not consulting you first?
5. Would you prefer to treat more patients yourself if you have more equipment or staff?
6. How many patients have you referred to Guy's Casualty in the past two months?
7. How many patients have you referred to other Casualty Departments in the past two months?
8. In the light of your experience, what services would you like Casualty to provide in addition to, or as a modification of, the present system?

The New Course in Basic Medical Sciences

Dr. J. C. Houston

Students entering the Medical School this term will follow the new curriculum under the revised regulations of the University of London for the M.B., B.S. degrees. The course in Basic Medical Sciences will extend over six terms compared with the five terms of the old pre-clinical course, and the time devoted to teaching the traditional pre-clinical subjects, Anatomy, Physiology, Biochemistry and Pharmacology has been reduced; these changes have made it possible to introduce five new subjects, the Principles of Biometry and Medical Statistics, Genetics, Psychology as applied to Medicine, Sociology as applied to Medicine and Physics as applied to Medicine. In addition, from the start of the course there will be demonstrations on patients, lectures on clinical topics and Ward rounds which, it is hoped, will help students to see the relevance of their studies in the basic sciences to their future clinical work. There will also be two new interdepartmental courses, on Human Reproduction and Development, and Cytology (histology) and Pathology.

The examination structure has also been revised and will consist of incourse assessments with University examinations in some subjects at the end of each term, so that at the end of the six-term course the majority of students will need to be examined on only the last one or two terms' work. Thus the rather daunting hurdle presented by the old 2nd M.B., will be replaced by a series of smaller hurdles throughout the course. At the end of the fifth term there will be an overall assessment of students' work in the major subjects to allow selection for the intercalated B.Sc. courses so that introductory teaching may be given during the sixth term.

Under the new University Regulations the first M.B. examination has been abolished. In its place there will be a Preliminary Examination in Medical Subjects and teaching for this examination in Physics, Chemistry and Biology will continue at Guy's (and at two of the other London Medical Schools).

I hope and believe that the new course in Basic Medical Sciences will prove to be an improvement on the old one. Planning for the new clinical curriculum, which will start in October 1975, is now at an advanced stage and it is hoped to publish details of it within a few months.

Good Day, Guy's

A distant voice grows louder. Two eyelids struggle and fight, waging war at the early morning intrusion on their motionless state. The once distant voice is clear now. "Good morning, will you please drink this." Two gulps and the small opaque glass is bereft of its clinging white liquid. Then the patter of feet grows faint and a nurse disappears from view.

Efforts to snuggle down again between crisp folds of clinically white starched sheets prove fruitless. Towel under arm, a crumpled toilet bag clutched tightly in hand, two slipper-clad feet now trace an all familiar route to the bathroom. Ah! Luxury! Unbelievable emptiness, the stillness broken only by hurried gurgling of bath water as it struggles to escape down a well-worn plughole.

Back in the ward again, a new day has begun. Cutlery is tossed, crockery quietly rattles, the aroma of bacon drifts through the air and a decided snap, crackle and pop rings out as creamy milk enters pale blue rice-crispies-filled dishes.

A hive of activity follows. Mops with oversized heads chase minute blobs of fluff as they shy away under beds. Cheery porters and uniformed ladies pass by. Trolleys rattle and grumble as they pushingly find their way over the mosaic cobbled floor. Doctors and students of all sizes, shapes, ages and nationalities pass to and fro, some clutching their well used stethescopes, others those familiar shaped phials of blood ("Here comes Dracula", exclaims a witty neighbour) but all bearing that deep-in-thought air of dedication. A kindly voice can be heard as a nurse calmly tries to soothe away the pain or fears of a distant patient.

The day passes. Visitors come and go. Freshly picked flowers take up their abode, joining leafy friends in strange new homes. The ward is greeted and cheered by its latest rainbow of colour.

Evening approaches. Pills and potions appear. The once still bathroom bristles again with activity. A group of day nurses smilingly departs. Lights go out and everything grows still.

Snuggling down between my freshly laundered sheets once more, I wave goodnight to the dear and very elderly lady opposite. Too weak to move she smiles in acknowledgment. As I lean heavily on my pillow, I try searchingly to paint pictures of her through the years. Suddenly those tired, aching legs and limbs spring happily and vigorously to life; in a split second that wrinkle-worn face sheds its years, and a lithe young girl waves excitedly at me as she slowly, slowly disappears from view.

Another day at Guy's had come to an end.

May McDermott-Price.

NURSING

Every nurse, on commencing her training, is encouraged to join one of the organisations which exist for the benefit of students. The enthusiasm and support accorded to these varies in different hospitals and depends largely on the attitude of the individual authorities to their student populations, with an inverse ratio being evident according to how reasonable the authorities are. The sex of trainees also has a bearing on their willingness to participate in these organisations, since men are much more orientated to the principle of such activities.

On completion of training, much exhortation is made to nurses, in order to encourage their membership of a professional organisation. These are accompanied by such tempting lures as free copies of *The Nursing Times* for a limited period, if one makes as one's choice, the Royal College of Nursing. There are however, a great many nurses, who, despite all pressure, resist joining any organisation, and this can only cause one to wonder whether or not such membership is necessary at all.

The reason given as being the most important for joining, is the fact that one automatically qualifies for the protection of insurance cover in the unhappy event of becoming the victim of legal action, and it is the sole reason for many doing so. However, there are other benefits to be obtained, and that as a member of such a group, one can assist in bettering the conditions of nursing in this country.

The antagonists, however, do not take this view. They are prepared to take the risk of being sued by a patient, and to the latter argument will reply that there are sufficient people making a great deal of noise about conditions of work, who are apparently very happy to continue thus, that it seems a pity to prevent them.

The other argument, is that for a fee of £8.00 a year, nothing is received in return, not even a journal, only a poorly produced news sheet at infrequent intervals. The Doctors may complain about the fees of their organisation, but they do receive a well-published and informative journal each week.

It is of course a fact, that if one does not belong to a professional group, one is debarred from certain posts, and in electing to assert one's independence, this has to be considered.

What however, appears unfortunate, is the fact that the available organisation, do not make their membership a more attractive proposition to potential members. Their staid unhelpful attitudes are not exactly conducive to the newly qualified twenty-one-year-old. Since, though, it is desirable that members of a profession should be able to make their views known through a corporate body, as this gives strength to the argument, the misfortune is doubled.

Although one would not like to see in nursing, a leader who in any way emulated some of those in industry, it might be a salutary exercise to consider some, though definitely not all of their methods. If more nurses were encouraged to join an organisation, then they would probably discover that they had a greater influence on those that govern them, and who try to goad everyone that nurses are "called" and are not professionals, and as such, can be subjected to working conditions which would not be tolerated by the majority.

BOOK REVIEW

BONE BEHAVIOUR, Kitty Little. Academic Press p.p 447 £8.00

"There was a noise and behold a stirring, and the bones came together . . . then the breath of life came into them, and they lived." The quotation from Ezekiel aptly describes this book. The author's description of cell mechanisms in bone has brought new life to this subject. She has skilfully interwoven a factual account with details of recent research. Yet the book is much more than a simple account of bone histology. It encompasses many aspects of metabolism, as bone tissues are seen to mirror changes in other body systems. The understanding of bone pathologies is then developed in a logical progression from the knowledge of the physiological situation.

The introduction is worth reading alone. Dr. Little describes the various approaches to research and suggests how the information obtained often reflects the approach used. She divides research into two basic entities, strategic and tactical research, concluding that most medical research is of the latter variety. The reason for the introduction becomes clear, later in the book, when two lengthy sections are devoted to the effects of steroid hormones and stress on connective tissues. The author believes that the altered hormone levels associated with stress can explain almost all bone pathologies and those of many other connective tissues. She suggests that the importance of stress has been obscured by research asking the wrong questions. The arguments developed in this section are interesting but seem rather over emphasised. It seems difficult to accept that stress is the underlying cause of dental caries, as is stated in one section.

The book is well written with enthusiasm for the subject. It is copiously illustrated with beautiful photographs and micrographs, which substantiate each new idea. At the end of each chapter is a summary of the information presented in the preceding pages. Thus, it would be possible to gain a great deal of knowledge by only reading these summaries, but to do so would be to miss a well written and excellently constructed book. The work is written for students and junior doctors, but will be appreciated by a much wider readership.

D.B.J.

* * *

NOTICE

On 1st December, Guy's Hospital Boat Club is to hold a Dinner in honour of the President, Mr. James Mansie, who retires from the consulting staff in November.

The Dinner will be held at the Park Court Hotel, Lancaster Gate, and tickets are now available at £7 (double) from :

Guy's Hospital Boat Club,
(East Wing), Guy's Hospital,
London, SE1 7RT.

We thus take great pleasure in inviting you to this very special occasion, and hope that many old Boat Club members will be present.

SPORT

GOLF

Semi-Final Hospital's Cup—Guy's vs. St. Thomas's

17th September Won: 4—1

Guy's, following their first round victory over the London Hospital, reached the final of this year's Hospitals' Cup by defeating St. Thomas's Hospital at Sundridge Park Golf Club.

On the West Course, Richard Ibbertson was as ever in form and played near par golf to defeat the St. Thomas's captain by four holes, whilst Chris Grant found the going rather tough, and went down in the second match by an undisclosed margin. This was, however, to be St. Thomas's only point as Chris Mackenzie despite the handicap of a swollen left arm due to numerous anti-cholera jabs, slipped home in a close match for a one hole victory. Charles Crawshaw obtained a walk-over due to the opposition's failure to provide a full team and accompanied the fourth match in a threeball on the East Course, where Ted Bray showed no ill-effects from his recent attack of glandular fever in defeating his opponent by a comfortable margin.

Guy's will meet the winners of the St. Mary's versus U.C.H. match in the final played over two rounds in October

Teams for first round and Semi-final from:

D. Evans, E. Bray, C. Mackenzie, R. Ibbertson, B. Fell, C. Crawshaw, L. Culliford, C. Grant.

E.C.B.

Guy's Golf Club, will shortly be issuing membership tickets enabling the holders to play at Sundridge Park Golf Club in the new academic year, new members being particularly welcome.

Anyone interested should apply to E. Bray or C. Mackenzie.

BOAT CLUB

Boston Marathon—Sunday, 16th September

This September, the Boat Club again sent two boats northwards to take part in the Boston Marathon. The aim was to win the coxless fours, which we did, and for the eight to finish the course, which it did.

VIII finished 29th, 4 hours 45 minutes.

Having made a last minute substitution in the crew, the eight set out bravely for Boston. The start was eventful, with our cox demonstrating just how badly bent our rudder was.

Leaving the bank for the second time, we made our way to Bardney Lock, passing two other crews on the way. They, seeing the futility of resisting our challenge, let us pass at a gentlemanly rate.

The critical point of the race turned out to be "the iron bridge", said by many (7) to be near the end of the course. This intended boost to our morale came somewhat prematurely. Almost an hour later mutterings of—"Can you see it yet "—were still being rasped. All cox could do was to sit silently as he peered hopefully into the distance.

Nevertheless, when we had passed the bridge, renewed vigour surged through our limbs and away we went for the last five miles. Yet another crew succumbed to our persistent onslaught. Our cox rightly refused their request for a tow.

The crew finished at a fine speed with no opposition in sight and the crew keenly expressed their intentions for next year's Marathon.

IV: Winners IV's Division. Overall Place 3rd 3 hours 54 mins. 30 secs. (116 entrants)

Training for the Marathon commenced as usual two weeks before the event with the sort of enthusiasm which has been the hallmark of this crew for the past three years and stems from a keen awareness that 31 miles is far too far to row in an unfit condition even if one isn't contemplating winning. We have, of course, won the event for the past two years and in doing so lowered the record for the distance each time. Our intention this year, was not only to gain a hat-trick of victories, but also to do so in a time which would put our mark on the race for posterity.

Paul Stuart-Bennett was unable to join us for the first weeks' training, owing to a prior commitment in Moscow, where he was representing England in the European (though World would be more correct) Championships. Our thanks go to Bob Pinckney who took Paul's place for the first five outings and gave so much of his time unstintingly in order to help us to success.

As is customary we travelled up to Lincoln the day before the race, all crammed into an 1100. The journey was not without event—whilst making our way through North London, there was a certain amount of checking that all items of kit had been packed. Whilst complimenting Jim Miller on the Mark IV "Bum Comforts" which his wife had taken great pains to produce, it became evident that though we had all seen them in the East Wing no one had in fact put them in the car. Horrendous visions of bruised and blistered bums filled our minds as we raced back to retrieve them.

The Albion, our traditional hotel, has at last closed for modernisation—a decision endorsed I'm sure by generations of Guy's oarsmen. Instead we stayed at the Annesely and recommend it for future years.

The opposition this year included Imperial College, whose intention it was to sit on our stern and use us as pace-makers. They set off enthusiastically at a rating of 30 but failed to make any impression on the gap between us, and so after two to three miles, they gradually disappeared from sight. The rest of the race went almost to plan—our stroke, Andy Chivers, never let the rating drop below 28 and our steersman managed to complete the course without hitting the bank at any time, though his course produced the traditional verbal exchange with the fishermen lining the bank. For the record the lock was reached in 52 minutes and the 20-mile bridge in 2 hours and 20 minutes. However, a severe head wind was encountered over the last 11 miles, which slowed us down, as it did all crews. We finished in 3 hours 54 mins. 30 secs. 13 minutes 23 secs. slower than last year, in third place overall, only 10 minutes behind the winning VIII and 20 minutes ahead of the next IV and almost an hour ahead of Imperial College. It was a very fine performance perhaps the best we have achieved over the last three years, but ironically the slowest one.

Crew: Bow M. J. Gleeson (Steers); (2) J. C. Miller; (3) C. P. Stuart-Bennett; Stroke C. A. Chivers.

GUY'S BOAT CLUB

The Annual General Meeting was held on 22nd August, at Guy's.

The following were elected for the year 1973-74:—

President—Mr. J. W. Mansie, F.D.S., L.R.C.P., M.R.C.S.; Captain—G. W. G. Vevers; Secretary—N. R. Drane; Social Secretary—T. Palmer; Hon. Treasurer—M. J. Gleeson B.D.S., L.D.S., R.C.S.; Vice-President—P. R. Hunt M.D.S. L.D.S. R.C.S., Eng.

HOCKEY

U.H. Senior Cup Semi-Final

Played at H.O.P. Wednesday, 10th October, 1973

Guy's 1 — The London 2

The London came to H.O.P. prepared to win. Unlike the Guy's team this was not their first "sortie" of the season and furthermore they even brought supporters. Very often it is vocal support that can decide a Cup match.

Guy's took the initiative for the first 15 minutes due to some good forward play and willing running. They were unfortunate in not converting any of their eight penalty corner attempts which might have won them the game.

The London scored after half-an-hour with a smoothly executed three-man move. The centreforward swept a ball collected in midfield inside the Guy's left full back. The winger centred and the centreforward pushed the ball under Price's body. They scored again immediately after the restart.

The second half saw an improvement in Guy's midfield play, which throughout the first half was very weak. Tim Baylis eventually scored from a short corner but the teams enthusiasm embarrassed their stamina. There were periods in this first twenty minutes which saw some good aggressive play from Andrew Harris and competent covering by Messrs. Hendy and M. Harris.

The last quarter, however, belonged to the London. Their clever inside forward constantly caught the non-match-fit Guy's men out with subtle pushes and the London put Guys under pressure for the remainder of the game.

Unfortunately this game was a hangover from the previous season in which (politically) Guys could have claimed a walk-over. Whatever the case, the team was ill-prepared but hopefully can start enroute for the next U.H. Cup next term.

Team: B. Price, T. Bell, R. Hannaford (Capt.), C. Hendy, C. Handler, M. Harris, A. Harris, J. Horton, T. Baylis, A. Smith, D. Cole.

C.E.H.

TENNIS CLUB

Summary 1973 Season

The official record for the Men's Lawn Tennis Club Season 1973 was: Played 14, Won 7, Lost 6, Rain 1.

In 1972 we tended to lose league matches and win friendlies. This year there was a grim determination to do well in the league and cups and putting out teams for friendlies proved very difficult. Consequently our tours to Cambridge and Winchester had to be cancelled.

However, we won through two rounds of the U.L. Cup and one of the U.H. Cup and ended half-way up the 1st division of the U.H. League.

Unfortunately the annual match down at R.N.C. Greenwich was abandoned with Guy's in a fighting position of 0—3 down and we had to be content with a vast feast with free beer. Most sad.

The Boat Club also challenged the Club to a match and, after a suitable handicap had been worked out, Nigel Bullock and David Macpherson stood the opposite side of the net to those two rowing stalwarts, Trevor Barnes and Geoff. Moulding. The handicap was that the Tennis Club players only had one racquet between them and had to play alternate shots; also, when serving, they only had one service per point. This resulted in a very even and most enjoyable match, the Tennis Club eventually losing 9—7.

Our thanks to Stan for looking after the courts so well and to Mr. and Mrs. Chick for the bar and teas.

The following represented the Club during the season: K. N. Bullock (Captain), D. W. Macpherson (Secretary), C. Mackenzie, J. A. Colman, C. Williams, R. Yetton, R. Knight, I. Nicholson A. Cooke, J. Efthimiou, J. Grace, D. Hughes, S. Chan. Despite efforts, Dr. A. J. Sutherland did not appear for the Club.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Registrar/Demonstrator** in the Department of Dental Radiology commencing as *soon as possible until 30th September, 1974*, in the first instance, with attendance on six sessions per week.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later *than* **29th October, 1973.**

GUY'S HOSPITAL

Part-time Staff Nurse required for Department of Nuclear Medicine. To assist with patient care during investigations.

Applications and informal visits to Miss J. Walker, Senior Nursing Officer (Personnel) Guy's Hospital, London SE1 9RT (Tel: 407 3662 Ext. 69).

GUY'S HOSPITAL BOARD
OF GOVERNORS AND THE
SOUTH-EAST METROPOLITAN
REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of two **Senior Registrars** in Diagnostic Radiology rotating between Guy's Hospital, London, SE1 and Greenwich District Hospital, London SE10 with duties to commence as soon as possible. Opportunities are available for excellent experience in general radiology and in all specialised branches. Applicants should hold the D.M.R.D.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT not later than **31st October, 1973.**

GUY'S HOSPITAL DENTAL SCHOOL

Commencing on Wednesday, 28th November, 1973, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of six sessions from 6.00 p.m. to 8.00 p.m. on 28th and 30th November and 5th, 7th 12th and 14th December, 1973. Fee: £15. Further particulars and forms of application, which should be returned as soon as possible and not later than **16th November, 1973,** may be obtained from the Dean, Guy's Hospital Dental School, London Bridge SE1 9RT.

GUY'S HOSPITAL BOARD
OF GOVERNORS AND THE
SOUTH EAST METROPOLITAN
REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of three **Senior Registrars** in Anaesthetics under the exchange scheme between Guy's Hospital and the South East Metropolitan Regional Hospital Board.

The posts are three year appointments and rotate between Guy's Hospital, Greenwich Hospital and the Regional Cardio-Thoracic Centre at Woolwich, one year being spent at each Hospital. Experience will be obtained in all branches of anaesthesia and the successful applicants will have opportunity for research. Further information may be obtained from the hospitals concerned.

Application forms are available from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT by **30th October, 1973.**

THE NEUROSURGICAL UNIT
OF GUY'S, MAUDSLEY AND
KING'S COLLEGE HOSPITAL

Applications are invited for the resident post of **Senior House Officer** for six months commencing 1st January, 1974. The Unit which is housed in the Maudsley Hospital serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital and King's College Hospital.

Applications giving details of experience and the names of two referees should be made by **2nd November, 1973,** to House Governor and Secretary, The Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

DEATH

SPILLER—On Monday, 24th September, 1973. John Graham Spiller L.D.S., R.C.S. Eng. of 20 Chelmer Road, Witham, Essex.

CHANGES OF ADDRESS

Dr. and Mrs. J. B. Kelynack, West Cottage, High Street, Leigh, near Tonbridge. Phone: Hildenborough 3616 Kent.

Dr. M. A. Simpson, Faculty of Medicine, McMaster University, 1400 Main Street West, Hamilton, 16, Ontario, Canada.

PERSONAL

ASSOCIATE required immediately, Male/Female. Mixed comprehensive practice. Central Croydon. Own assistant hygienist, sedation, Rel.Analgesia. Crown and bridge work and preventive programme. Minimal paper work and good remuneration. Fifteen minutes Victoria or London Bridge. W. D. Schwarz & W. P. Dean, 50 High Street, Croydon. Phone: 686-1904.

DENTAL PRACTICE FOR SALE—South Africa, West Rand. Established 30 years, Guy's man. Fully equipped 4-handed seated dentistry, 15 miles Johannesburg. Owner awaiting full-time University appointment. Price 8,000 Rand. House also available to purchase or lease. Write: S. P. Vorster, P.O. Box 334, Krugersdrop, Transvaal, R.S.A.

SMALL UNFURNISHED FLAT wanted for mature business lady. Reasonable rent. Permanent let. Close to London. Kent area preferred. Farnborough (Kent) 58530 evenings 01-407 7600. Ext. 357 daytime.

BLACKHEATH—3 bedroom townhouse, large lounge, well-fitted kitchen, integral garage, garden room, walled garden. ¼ minute Blackheath station. 10 minutes to London Bridge. £18,750. Phone 852 4476.

NEW STUDENTS

1st M.B. STUDENTS October 1973

Broughton, Michael D.	Portsmouth Grammar School
Cain, Sharon.	Newton-le-Willows Grammar School
Cairns, Hugh S.	Cold Spring Harbour High School, New York.
Charmantas, Maria	Brigidine Convent, Windsor
Clarke, Susan M.	Newbury Grammar School
Da Cunha, Elizabeth Q.	St. Mary's Ascot
Davies, Morris	Aberdare Grammar School
Deuskar, Vasanti	Claverham County Secondary School and Battle and Bexhill Grammar School
Dixon, Michael D.	*Eton College and* Exeter College, Oxford.
Hughes, Liam O.	Haberdashers' Aske's School
Jacks, Thomas A.	Gordonstoun
James, Diane	South Wilts Grammar School
Myers, Stephen	Beal Grammar School, Ilford
O'Hare, Joseph P.	Sacred Heart College Newport and Salesian College, Farnborough
Razzell, Philip J.	Eltham College
Wheeley, Susan M.	Wimbledon High School, Exeter University and St. Thomas's Hospital

2nd M.B. STUDENTS October 1973

Aldis, James S.	Brockenhurst College
Bajorek, Piotr K. M.	Mount St. Mary's College, Sheffield
Barrie, Nicholas J.	Haywards Heath Grammar School
Beard, Jonathan D.	Brentwood School
Bearn, Jennifer A.	Convent of the Holy Family, Littlehampton and Bognor Regis School
Birtles, Peter C.	Worthing High School
Bishop, Malcolm C.	Newells and Desmoor, Handcross and Lancing College
Blaylock, James W.	Spalding Grammar School
Bowers, Stephen D.	Shooter's Hill Grammar School
Boardman, Anthony P.	Leigh Grammar School
Bolton, Patrick F.	Westminster School
Bristow, Aubrey S. E.	Dauntsey's School
Campbell, Fiona M. M.	Notre Dame High School, Liverpool
Clark, Amanda B. E.	The Ladies College, Guernsey
Cole, Roger M.	Bramhall Grammar School
Comper, Susan J.	Stratford House School, Bickley and Sydenham High School
Crate, Ian D.	Salford Grammar Technical School and Salford College of Technology
Davies, David R.	King Edward VI School, Norwich and St. Catherine's College, Oxford
Davies, Mary C.	Penrhos College and Grynmfryd School, Ruthin
Dayson, David F.	Alleyne's School Stevenage
Dowd, Timothy C.	Westwood County Modern School and Scarborough Technical College
Dudeney, Anne	Guildford County School
Evans, Prudence A. M.	Howell's School, Denbigh
Findlay, Graeme J.	Marlborough Grammar School
Fisher, Philip M.	Shire Oak Grammar School Walsall
Gilford, Christopher, P.	Tonbridge School and Trinity College, Oxford
Gilhooly, Gary.	Chichester High School
Goodman, Anthony J.	Christchurch Grammar School and Brockenhurst College
Hale, Anthony S.	Cheltenham Grammar School
Hamid, Abdul R.	Batley Grammar School
Hancock, Julian A.	Purley High School
Hangartner, John R. W.	Merchant Taylors' School
Harrison, Michael C.	Sevenoaks School
Hawkey, Peter M.	Bromley Grammar School and East Anglia University
Haylock, Brian J.	*Edmonton County* School
Hearn, Fiona J.	Reigate County School
Higgs, Michael J. E.	Falmouth School
Hirsch, Nicholas P.	Kingston Grammar School
Hodes, Matthew	Mill Hill School
Hodgson, Philip B.	Middlesbrough High School
Hollway, Meriel C.	Roedean School
Houghton, Michael W.	Wellington College
Humphreys, Stephen	Holywell Grammar/ High School
Hunt, Ruth C.	Southampton College
Hutchings, Paul J. G.	King's College School, Wimbledon
Jackson, Alan P.	George Abbot School, Guildford
Jones, David E.	Holywell Grammar/ High School
Jones, Gareth W.	Bishop Vesey's Grammar School, Sutton Coldfield
Jones, Nigel H.	Bedford Modern School
Joy, Graham J. A.	The Judd School, Tonbridge
Joyner, Nicholas	Collyer's School, Horsham
Kenyon, Andrew C. W.	Rannock School
Khan, Santanu	La Martiniere School, Calcutta and President Kennedy Comprehensive School, Coventry
Knight, Valerie J.	Woking County Grammar School

Lalor, Anthony J.	St. Mac Nissi's College, Co. Antrim
Lee, Johnson H. T.	St. Edmunds College, Ware
Lewis, Shon W.	Dulwich College
Mant, Timothy G. K.	Cranleigh School
Mason, Janet M.	James Allen's School
Mason, Philip D.	King Edward VI School, Bury St. Edmunds
Money, Susan C.	Chicester High School
Moore, Jonathan W. A.	Salesian College, Farnborough
Newbould, Melanie J.	Normanton Grammar School
Newmarch, Bernard	City of London School
Openshaw, Peter J. M.	Sidcot School, Winscombe and Bootham School
Page, Ian J.	Barnard Castle School
Patel, Mukesh R.	U.G. Secondary School, Kenya and Epsom College
Paul, Clive C.	Alleyn's School
Perfect, Sarah E.	Oakdene School, Beaconsfield and Sherbourne School
Phillips, Tania J.	Convent of the Sacred Heart, Newcastle and Convent of the Sacred Heart, Woldingham
Popplewell, Judith P.	Wycombe Abbey School
Pritchard, Hefin W.	Ysgol Dyffryn Nantile, Penygroes
Roberts, Honor S. A.	Croydon High School
Rodgers, Brian	Holywell High School
Shearman, Clifford P.	Worthing High School
Shun-Shin, Georges A.	College du Saint Esprit, Quatre Bournes, Mauritius
Sidebotham, Charles F.	Charterhouse
Southwell, Rosemary D. C.	Bridgewater Grammar School
Sperring, Steven J.	Eastbourne Grammar School
Terry, Roland M.	Dulwich College
Thompson, Robert T.	Ravensbourne School Bromley.
Thornhill, Martin H.	Sir Joseph Wiliamson's Mathematical School, Rochester
Tighe, Séan Q. M.	St. George's College Weybridge
Towell, Wendy P.	Portsmouth High School
Trounce, Christopher C.	Bishop's Stortford College
Twining, Peter.	Pwll Grammar Technical School
Tylee, André T.	Hinchley Wood County Secondary School
Webb, David K. H.	Dynevor Grammar School, Swansea
Webb, Georgina M.	Bedford High School
Westbury, Joanna S.	Durham High School
Weston, Michael D.	Sale Grammar School
Whitby, William S.	Gravesend School
Wilson, John I.	John Leggott College
Wood, Stephen.	Worsley Wardley Grammar School and Eccles College
Woodroof, Gerard M. F.	Charterhouse
Young, Martin C.	Westcliff High School

2nd M.B. COMBINED STUDENTS

Collier, David G. StJ.	Ellesmere College; Hawarden Grammar School and Leeds University
Davis, Anthony J.	Plymouth College and Guy's Hospital Dental School

1st B.D.S. STUDENTS
October 1973

Boote, Martin D.	Poole Grammar School
Burton, David R.	Collyer's School, Horsham
Dain, Sarah C.	Slough High School
George, Eldwyth M.	Milford Haven Grammar School
Hammett, Amanda K.	St. Elphin's School
Harrison, Jonathan A. S.	Reigate Grammar School
Hedger, André J.	Merchant Taylors School
Higgs, Susan.	Langley Grammar School
Hutchinson, Timothy S.	Wycliffe College School
Jones, Steven P.	Chichester High School
Keay, Timothy P.	Brockenhurst College and Henry Box School, Witney
Laws, Richard W.	Poole Grammar School
Leefe, William D.	Loughborough Grammar School
Matheson, Andrew A.	Sedbergh School
Mendl, Francis J.	Edinburgh Academy and Repton School
Pearson, John.	Longland County Secondary School and Foley College of Further Education
Rumble, Angela.	Ashford School
Sidi, Alan D.	Luanshya High School, Zambia and Stowe School
Skelly, Ann M.	The Ursuline Convent, Tildonk, Belgium and St. Bartho'omew's Hospital
Smithson, William R.	Bexhill Grammar School and Lewes Technical College
Szulc, Barbara I.	Convent of the Sacred Heart, Hammersmith
Taylor, Nicho'as H.	Marshalswich School, St. Albans
Taylor, Simon C.	Queen Elizabeth's Grammar School, Blackburn

DENTAL STUDENTS
2nd B.D.S.
October 1973

Arnold, Pauline I.	Christ's Hospital
Attenborough, Hilary Michael.	Canford School
Avetoom, Garnic.	Highgate School
Bell, Julian A.	Westminster School
Birch, Pia M. S.	Coloma Convent Grammar School
Brown, Rosalind.	Notre Dame Convent School, Lingfield and School of St. Agnes and St. Michael Grinstead
Brownbridge, Elizabeth M.	Bolton School
Bull, Michael G.	Wintringham Grammar School, Grimsby.

Bullimore, Michelle A.	Roan School
Burgess, Mary C.	St. Paul's Girl's School
Chalom, David E.	Hendon Senior High School
Clark, John D.	King Edward VI School, Southampton
Cooper, Ian R.	Bradfield College.
Cooper, John P. A.	Aldenham School
Dent, Christopher J.	Gravesend School
Dunning, Nigel P.	Kingham Hill, Oxford. Norwood College and Queen Elizabeth College, London
Evans, Duncan R.	Poole Grammar School
Fillery, Michael.	Eastbourne Grammar School
Gaskell, Deborah M.	Harrytown Convent, Romiley, Cheshire
Gibbon, Jane C.	Hove County Grammar School
Gough, Ian B.	Magdalen College School
Goves, Clive R.	North Bromsgrove High School
Haley, Irvine F.	Camelback High School, Arizona USA
Hampson, David J.	Keswick School
Ibbetson, Hazel J.	Clarendon House Grammar School, Ramsgate
Ingram, Jane A.	St. Julian's High School, Newport, Mon.
Jefferies, Simon.	Nottingham High School
Jones, Peter N.	Sir William Borlase's School, Marlow
Kay, Christopher N.	Bolton School
Keen, Paul A. J.	Cheadle Hulme School, Cheshire
Khan, Shahid.	Oldham Road Secondary Modern School, Birmingham and Sir Wilfred Martinlays School
Lolley, Nichola.	Annie Holgate Technical Grammar School
Martin, Steven E.	Alleyn's School
Mason, Grahame.	Pangbourne College South Devon Technical College, and Liverpool University
McLaren, Neil F.	Dr. Challoner's Grammar School
Miller, Daryl L.	Mill Hill School
Miller, Tmothy D. U.	Havelock School, Grimsby
Milosevic, Alexander.	Colfe's Grammar School, S.E.12
Oscroft, Nigel J.	Queen Elizabeth's Grammar School, Mansfield
Owen, Robert M.	Epsom College
Patching, Andrew J.	King Edward VI School, Bury St. Edmunds
Perry, Stephen M.	Simon Balle School, Hertford
Pini, Adrian P. J.	Reeds School
Piper, Robin M.	Whitgift School, Croydon
Plant, John F.	Peterhouse, Marandellas, Rhodesia
Puleston, Ian.	Priority School, Lewes
Ramchandani, Tikam M. L.	Menengai High School, Kenya and Loughborough Technical College
Redfern, Ian.	East Grinstead County Secondary School and Imberhorne School
Reynolds, Patricia A.	Worthing High School and Lancaster University
Reynolds, Patrick S.	Seaford College
Ryan, Jeremy M.	Ampleforth College
Saunders, Sylvia R. D.	The Lady Eleanor Hollies School Hampton
Sinclair, Peter M.	Kilburn Senior High School
Stanley, Simon T.	Alun High School, Mold
Taylor, Jane E.	The Tiffin Girls' School
Tewson, David H. T. K.	Christ's Hospital
Thomas, Steven J.	Cantonian Comprehensive School, Cardiff
Troughton, Rosamund D. L.	Queen's College, Harley Street
Trounce, Gillian E.	Ancaster House School, Bexhill and Walthamstow Hall, Sevenoaks
Wagaiyu, Christopher G.	Kagumo School, Kiganjo, Kenya and Kenyatta College
Wallis, Sarah I.	Dorchester Grammar School
Woodhead, Neville C.	King Edward VII School, Lytham

CLINICAL COURSE STUDENTS
April 1973

Home, Philip D.	Corpus Christi College, Oxford
Palmer, Robert G.	Birkenhead School John Bright Grammar School, N. Wales; Reading School New College, Oxford

October 1973

Bayly, Jonathan R.	The Skinners' School Balliol College, Oxford
Buckley, Alison M.	Wakefield High School Girton College, Cambridge
Caswell, Simon J.	Haileybury School Trinity College, Cambridge
Duke, Oliver L.	Eastbourne College Gonville and Caius College, Cambridge
Durham, Stephen R.	Handsworth Grammar School Downing College, Cambridge
Hart, David G.	Chislehurst and Sidcup Grammar School Churchill College, Cambridge
Kay, Richard L. C.	St. Edward's School, Oxford Churchill College Cambridge

Kelly, Clive.
Queen Elizabeth's Grammar School, Carmarthen
Jesus College, Cambridge

Kirkham, Stephen R.
King William's College, Castletown, I. of M.
Gonville and Caius College, Cambridge

Lehmann, Anthea B.
Cheltenham Ladies' College
St. Hugh's College, Oxford

Marsh-Smith, Sarah L.
Howell's School and Friends' School, Great Ayton
Girton College, Cambridge

Mendes de Costa, Baron.
King Edward VII School, Lytham
Hertford College, Oxford

Minogue, Martin J.
Wellington College
Gonville and Caius College, Cambridge

Mohindra, Suman.
Manchester Central High School
Gonville ad Caius College, Cambridge

Neoptolemos, John P.
Owens Grammar School
Churchill College, Cambridge

Rowe, Paul A.
Dulwich College
Selwyn College, Cambridge

Saunderson, Paul R.
Bedford School
Clare College, Cambridge

Sharpe, Georgina H. M.
Cheltenham Ladies' College
St. Anne's College, Oxford

Vafidis, Jonathan A.
Ashford Grammar School
St. Catharine's College, Cambridge

Wong, Hong C.
Marlborough College
Sidney Sussex College, Cambridge

Miss E. Hoft has been offered a German Scholarship to study here for one year.

We would like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before publication date.

Copy may be sent to us c/o The Front Lodge, Guy's Hospital.

Birth, Marriage, Death and Change of Address notices are without charge to subscribers.

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

HOW SWEET IS THE VICTORY?

The 20th century has been called the era of the transport revolution. We live in an age of speed, inter-continental and inter-city travel become ever quicker and more efficient. However, the age of speed has ground to a halt in our large cities. In the last twenty years inter-city travel has been reduced in time by over 20%, intra-city travel has increased by over 100%. The services have also been reduced in quality and quantity.

A large number of Guy's people are regular travellers on S.R. They have experienced fare increases of over 100% in two years on some lines. The trains are dirty, overcrowded and frequently cancelled "owing to staff shortage". The last fare increases brought the bonus of cheap day return travel. Is this such an advantage? We are told that the object is to encourage cheap off peak travel and hence to reduce costs. These notions are admirable, but what appears to happen is that the regular commuter has to pay more than the occasional traveller. The commuter is a captive creature and is now also considered impotent.

We all grumble at the inadequacies of public transport; however, these industries are facing a tremendous financial crisis. They are both labour and capital intensive operations. The development of the suburbs has produced the need for more routes to carry fewer people. Thus more vehicles and manpower are needed at a time of

inflation. The battle has been fought and the car has won. Public transport must now retire gracefully and become a museum item. However, was the battle fair and can we afford to accept the victor?

Car owning households now number 56% of the total households in this country. Once a person has purchased a car, then it behoves him to use it as much as possible. To travel to work by car is a strain, and is not quick. However, it is cheaper, more comfortable and gives a freedom of choice. The car is the commuter's last weapon, he has used it and has defeated the railways. How sweet is the victory? The answer must be not very. The roads are grossly overcrowded and the car is rapidly destroying our city. The car demands enormous sacrifices to be made to satisfy it, roads and car parks must replace homes. The situation resembles that of the King who filled his city with temples. One day he asked the chief minister why the temples were empty. He replied, "because there is no room for houses in your city, master, so nobody lives there now". This situation has happened in America, it must not be allowed to happen here. The spectacle of thousands of cars, travelling at 10 m.p.h. in long rows is ridiculous. How long will it be before someone suggests coupling the cars together and brilliantly re-invents the train?

The problem is enormous; what are possible solutions? One solution is to bow to the car, and build many more new roads. This would be expensive and would simply encourage more cars on to the roads. The second notion is free transport. This is a misnomer; somebody always pays, in this instance the ratepayer. The transport would definitely encourage people to use public transport, but would swamp the system. It is estimated that ten years of intensive rebuilding and equipping would have to precede such a scheme. One remedy has already emerged—the four-day week. In America travelling time is disproportionately long compared to the working hours, hence the idea of four days of ten hours has been introduced and is proving very popular. The introduction of flexible working hours may also ease the problem, but a more comprehensive approach is needed.

A possible remedy would be to produce ten mini cities within the inner London boroughs. Each city could be a self-contained unit of London. Travelling times would be greatly reduced, and real communities could be established. The centre of London would become the heart of the Capital, not the work-place of Londoners. This solution could be pursued now, because large areas of land are soon to become available from slum clearance and the death of old industries. Guy's could be at the centre of such a scheme as the docks close. If introduced, the idea could make city life less stressful, cleaner and happier. Above all, there could be a new community spirit as people live and work in the same area.

NEWS IN BRIEF

Charity Lunches

After the success of the Charity Lunches last year, two more are to be held this term—they are to be held on Tuesday, 6th November (Help the Aged), and on Tuesday, 4th December (N.S.P.C.C.), between 12 and 2 p.m. in the North Common Room, East Wing.

Alumni Memorial Fund Record

We are pleased to learn that a gift in the name of the late Mr. Robertson-Ritchie has been made by Dr. Bernard Levin, who visited Guy's recently, to the Alumni Memorial Fund Record of the University of Southern California. This gift will be used to help students complete their education in Dentistry.

Re-opening of Ward

John Ward, Hunts House, will reopen on Friday, 2nd November.

Association for the Study of Medical Education

Student Membership of the A.S.M.E. has been established, the subscription now being £1. Further details are available from the Editor.

Messiah

The Music Club's production of The Messiah will now be held on 7th and 8th December, at 7.00 p.m. Tickets are available at 75p or 40p (students) from the Music Club Secretary, Guy's Hospital.

Snowflake Ball

This year's "Snowflake" will be held on 6th December, in the East Wing. Entertainment will be provided by Lance Percival and the Bob Kerr Whoopee Band. Tickets are available from the Editor at £5 (double).

Closure of all out-patient departments, Christmas 1973

All out-patient clinics in the Group except the Salomons Centre, will be closed from Saturday, a.m. 22nd December to Wednesday p.m., 26th December inclusive.

Any inquiries regarding these cancellations should be directed as follows :—

Guy's Hospital — Assistant Hospital Secretary Ext. 260.
St. Olave's Hospital — Hospital Secretary.
New Cross Hospital — Hospital Secretary.
Evelina Hospital — Hospital Secretary.

"The Care of the Dying"

(A report on the Study-Conference held at Guy's in October)

In an age that seems to attach more importance to material than to spiritual values, it is not surprising that death has taken the place of sex as the subject that must never be mentioned. And in medicine and nursing this taboo has serious consequences. It was, therefore, most encouraging that around a hundred people attended the study-conference held at Guy's in October, on "the Care of the Dying". Many ward sisters, for example, had given up off-duty and a day-off to be present, and it was obvious that the conference provided a valued opportunity, not only to learn, but also to discuss and share problems in this particular field.

It would be impossible to summarise the contributions of the three morning speakers without doing harm to closely reasoned argument, but in their varied approaches to what is certainly a most personal subject they presented a wide range of views. They emphasised that the care of the dying, as indeed all patient care, is something that involves not only the patient but also the relatives and the staff. Again and again it was stressed that communication and co-operation were key requirements.

The morning's chairman was Dr. Robert Knight, and the first speaker was Dr. Tom West, who is the Deputy Medical Director of St. Christopher's Hospice. He spoke about medical practice at St. Christopher's, and at various points suggested specific practices that could perhaps be more widely accepted in general hospitals—for example the way a patient is welcomed into the ward, the use of drugs, and the method of conducting a ward-round. It is clear that a patient will not be encouraged to discuss his problems and fears (and so find the opportunity for relief) if the consultant is always surrounded by a formidable array of doctors, students, and senior nursing staff. But underlying his specific comments, Dr. West stressed the importance of right attitudes—the work of success in the care of the dying is not "a cured patient, but a contented person". This meant the recognition by all concerned that a patient may well suffer physical, mental and spiritual pain, and that if these various aspects of pain are to be relieved, then all who care for the patient must work as a "team". Later in the afternoon discussion, many expressed the opinion that this necessary "team care" was seldom achieved.

Dr. Gillian Strube spoke next from the standpoint of a General Practitioner. Many of her extremely challenging comments concerned the lack of contact between hospitals and G.P.s. If there could be closer liaison then more people could be helped to die in the secure comfort of their home, rather than in the often impersonal atmosphere of a busy general ward. Death is after all a normal part of family life, and the community would be more ready to accept death if it is seen as such. The tendency of sending people to die away from their homes, while inevitable and indeed desirable in some cases, means that many families come to regard death with fear since it is unknown and often unseen.

"Afore ye operate"
Remember glass shows on X-rays

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The last speaker of the morning was Dr. Irving Kreeger, a consultant psychiatrist from King's College Hospital. He spoke in deceptively simple terms commenting on the attitudes of staff and patients to death. He remarked on the fears of the student nurse and the young medical staff, who often have most contact with the patient, and on the lack of support in the care of the dying. Is it possible to undertake this basic part of nursing without such support and training? And without being helped towards an assessment of what one's own death will mean? Perhaps the reluctance on the part of many doctors and nurses to consider the implications of the care of dying people is due to the realisation that such considerations demand a personal change of attitude.

After an excellent Guy's buffet lunch, the conference formed into five groups, and each were given one of the following questions to discuss: (1) Does everyone want to know that they are dying? Should they always be told? (2) What can be done to overcome loneliness? in a general ward? in a cubicle? (3) Can any rules be made concerning resuscitation? (4) Is it good for as many dying patients as possible to be transferred from the general wards to hospices for the dying such as St. Christopher's? Would it be desirable to set aside one ward in a hospital for the care of the dying, as at the Royal Marsden? (5) To what extent have doctors/nurses a responsibility to care for the relatives after a patient has died?

And then after these group discussions, the groups came together, and a panel, which included the three morning speakers, joined by the chaplain of Guy's, and a ward sister and a medical social worker from St. Thomas's, assembled to lead the discussion on these questions. The panel was under the chairmanship of Professor John Trounce. There were many excellent contributions and some very revealing comments were made.

Clearly a great deal of devoted work is being done in this field, and the last days of many patients are made easier by the care of countless doctors and nurses, but the overwhelming feeling of this conference was that there is room for improvement in the care of the dying in general hospitals. Some suggested improvements were of a simple practical nature, which could be made easily, but others concern the whole organisation of medical care.

Continuity is an essential factor in the care of the dying, but many felt that a shortage of staff, together with the requirements of off-duty periods and the shift system, militate against continuity. Some said that days-off are fixed without regard to the consultant's rounds and the whole problem of ward sisters who stay for only a short time in any one post, was felt to be linked with such things as job satisfaction, and the implementation of the Salmon Structure. Many said that junior housemen receive little instruction and support from the ward area, and that some housemen do not keep links with the G.P.s. And perhaps the outstanding comments concerned the lack of communication, particularly between medical and nursing staff, with the interesting exception of the specialised units. Few of the comments made were new, but what did surprise many of those

present was the extent of such comments touching all aspects of patient care.

It would be too cynical to suggest that often the "follow-up" of a conference is to hold another one! And yet there is an obvious need to follow-up this subject, and to discover how some of the suggestions made can be implemented. What are the practical and positive improvements that are needed? It is not however, a simple matter for in this field, as in so many today, there are a multitude of inter-related factors to be considered. If the structure of a building is defective, it has to be decided whether the house, or at any rate a room, is rebuilt, or whether one merely patches up the cracks.

Much of the total patient care in a general hospital will always involve the care of the dying. What is surely essential is that this should be recognised and accepted, and that such care should be given at least as much consideration as is given to the care of those patients who, for a time, will get better.

Scandinavian Clerkships

Michael Wink

After 2nd M.B., it is possible to squeeze in six months clinical work before succumbing to the temptation of eight or nine months in a preclinical department. I did this, and was then left with three months holiday, which enabled me to catch up on a few long-forgotten facts of clinical medicine. In principle, it was the last long summer vacation that I was to have before retiring as an old man. In practice, I used the time to do B.M.S.A. clerkships in Scandinavia.

Finland was my first destination, and I started work in the University of Turku. The sweet clean air and lush pines were a happy contrast to the pollution and grime of London Bridge. I started in the anatomy department, dissecting brain after brain for the purpose of the students due to start their next term. Understandably, this became a drag, and I managed to get transferred to the post mortem room. Although this might have seemed like jumping from the frying pan into the fire, it was a highly rewarding change. Two Finnish students (who were paid the equivalent of approximately £45 per week for their work) and myself, spent our time cutting bodies from jugular notch to pube and slicing their contents and confirming our results with the pathologist—who incidentaly spoke excellent English. This was a superb experience, and furthermore, I was able to travel up to the North Cape, a couple of hundred miles north of the Arctic Circle, where the sun shone twenty hours a day. I was too late for the midnight sun, but the long glowing evenings, the colourful Lapps, and the sweaty saunas interspersed with plunging into the cool waters of the world's greatest archipelago, made Finland memorable. Another part of my time was spent visiting the Soviet Union, but although interesting this was far less enjoyable.

Having completed a clerkship in Finland, I then took the ship to Sweden to do another one in the hospital of a small industrial town called Norrköping. I worked in the Casualty Department, and my accommodation took the form of a luxurious modern flat in the hospital grounds, which alone put the Kew Gardens to shame! As my interaction was now with the living, and not the dead, the mere language problems with the patients, although not with the staff. However, the hospital was not a teaching institution, and being the only student that the hospital had seen, I did at times feel that I was regarded as something between a freak and a novelty. Even so, I was particularly impressed by the high standard of patient and staff care made possible by socialised health systems which seemed to strike an effective and fair compromise between the extreme and bizarre systems of health care encountered in the U.K. and U.S.A. Also impressive, were the standard of intensive care and the facilities available for ancillary investigations. Of amusing comparison was the striking difference in dress—it is hard to imagine the "average" British consultant doing his ward round in a tea-shirt!

In conclusion, I would recommend clerkships in Finland and Sweden—the chief advantages being free board and lodging, unique facilities for learning, and the interest and excitement of working in a cultural setting different from our own. As regards social life, this is very much what one makes it, but I would hesitate before advertisting a Scandinavian non-teaching hospital to a medical student, unless the individual either enjoyed being a lone wolf or was particularly extrovert.

Ed. Note:— We should be delighted to hear from any other medical or dental student, who have recently completed their "specials".

NOTICE

GUY'S HOSPITAL NURSES' LEAGUE

The Sir Cosmo and Lady Mabel Bonsor Scholarship 1974, value £200, is awarded to Members for post-registration study at home or abroad. Application should be made to the Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital, by the 31st December, 1973, with details of the Course or Study to be undertaken.

WOLFSON HOUSE APPEAL

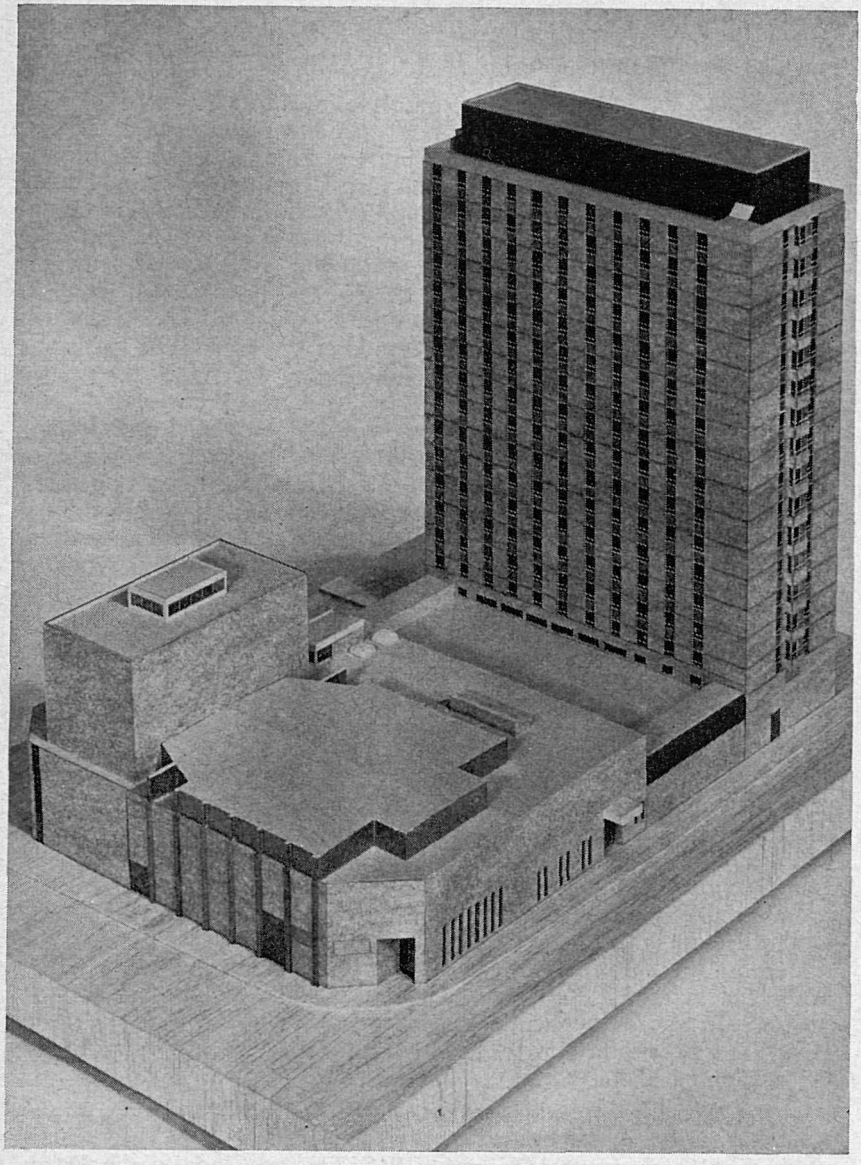
In the Centenary Edition of the "Gazette" a year ago the Dean included the following passage in his description of Guy's in 1972:

"Between New Guy's House and Snowsfield to the north of the Bloomfield Clinic work is starting now on a new complex of buildings which it is hoped will be completed in two years and which will have a far-reaching effect on the life of the Guy's community. It will contain a large auditorium with seating for 450 people, a swimming pool and residential accommodation, small flats for married staff and study-bedroom for students. The building of the Greenwood Auditorium was made possible by a large legacy from the late Sir James Greenwood, who grew up in the Borough in the shadow of Guy's and eventually became a Governor of the Hospital. The pool will be 24 metres by 9 metres, accommodating four lanes for swimming events. The residential block will be on 15 floors and will contain 15 four-roomed flats, 15 two-roomed flats and 210 study-bedrooms. The club facilities for students will of course remain in the East Wing of Guy's House, but the 14 study-bedrooms on each floor of the new block will have their own kitchen and small common room or dining room. The block will be called Wolfson House in recognition of a munificent gift of £250,000 from the Wolfson Foundation, which has made its erection possible. A considerable balance is still needed, however, if the rooms are to be let to students at a rent they can afford and the Governors of the Hospital were very grateful to receive last month a further £50,000 from the Hayward Foundation. Other contributions are being urgently sought."

The present position is that the whole of this project is due to be completed in the early summer of 1975 at a cost of about £2.6 million.

The study-bedroom accommodation and the accompanying small kitchen, common room and bathrooms on each of the 15 floors will cost about £1.1 million, and this of course is the financial responsibility of the School. Towards it the School has received or been promised the gifts set down in the accompanying list. Also shown in the list are a grant of £58,000 from the University Grants Committee, via the University of London Court, and the value of the C. H. Wells Estate, which the School Governors have earmarked for this project. In short, the School has received or been promised some £600,000 towards the cost of the project and is urgently looking for the remaining £500,000.

The allocation to this project of the Wells Estate, one of the School's major endowments, is particularly fitting. C. H. Wells worked at Guy's from 1885 until 1915, first as Clerk to the Dean, then as Secretary to the Treasurer of the Hospital, and finally as Clerk to the Governors of the Hospital, and he played a considerable part in the building of the College, the founding of the Students' Club and the Clubs' Union and the purchase of H.O.P. When he died he left his substantial estate for the benefit of the School "as a



Model of New Building to be completed in 1975, which will include 210 study-bedrooms.

place of education, learning and research", and his fortune could not be used more appropriately now than to help to pay for the new student accommodation which will replace the College.

The School Governors hope and believe that many Guy's men will want to contribute to the cost of this project to make it a financial success. It is important that all or almost all the capital cost of the study-bedrooms should be guaranteed within the next year, so as to ensure that the rooms will quite quickly be free of debt and may be let at a charge our students can afford to pay and which will be in line with the level of room charges at other London medical schools.

For the benefit of any Guy's man who may know a potential benefactor, the net cost of each floor will be approximately £50,000, and of each room £3,500, after taking account of the Wolfson Foundation grant. For gifts of these amounts, the School Governors will be very pleased to name a floor or a room after the donor. It should also be noted that currently the gross value of a seven-year Deed of Covenant is normally ten times the net annual sum covenanted.

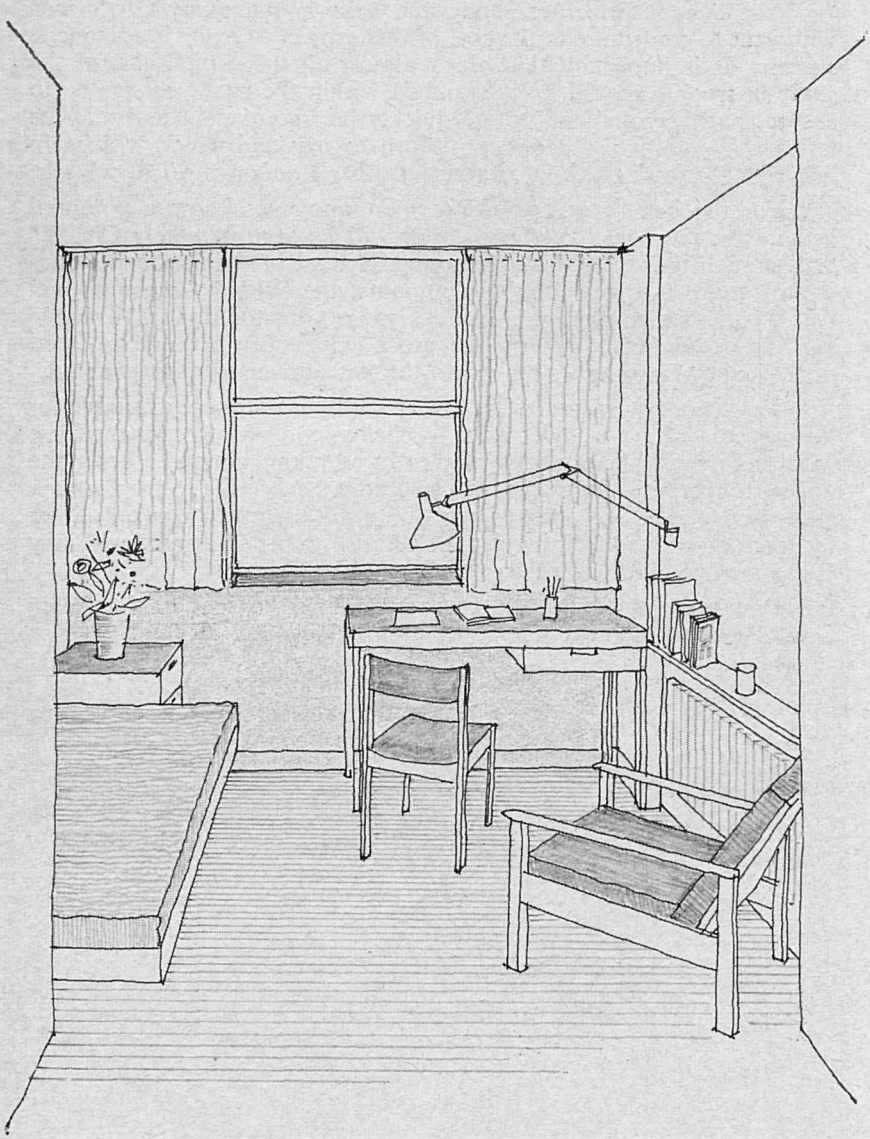
The *Gazette* Committee have very kindly made space available for this appeal and have undertaken to enclose a deed of covenant form with this issue. The School will shortly be taking action to bring the appeal to the notice of Guy's men who do not subscribe to the *Gazette*, and you are asked not only to contribute to the appeal yourself either by donation or by deed of covenant but also to put in a word with any Guy's men you meet who have not heard about it.

Donations and deeds of covenant should be sent to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT.

R. J. CANN,

Chairman, Council of Governors of the School.

October 1973.



One of the study-bedrooms now being built.

DONATIONS TO WOLFSON HOUSE APPEAL

	£ p
Associated Biscuits	50
Bank of England	500
Barclays Bank	250
Squadron Leader N. B. W. Bax (Retired)	5 25
Beecham Group Limited	10,000
The Crossfield Charitable Fund	25
Davis Storage Limited	50
Estate of Wm. Deverill, deceased	11,500
Estate of J. C. Dominick, deceased	500
Estate of H. B. Yates, deceased	100
Mr. James A. de Rothschild's Charitable Settlement	1,000
Mr. H. Harrison (China & Gifts shop)	5
The Hayward Foundation ,	50,000
Arnold R. Horwell	50
Hugh Paul Holdings	20
Ilford Limited	100
Johnsons Wax	25
Lloyds Bank	250
The Corporation and Members of Lloyd's and Lloyd's Brokers	1,000
W. Mannering & Co. Ltd.	5
Midland Bank	250
National Westminster Bank	500
Petty Wood & Co. Ltd.	10
P. F. Charitable Trust	3,500
J. Arthur Rank Group Charity	5,000
J. B. Rubens Charitable Foundation	50.000
Schroden Charity Trust	100
Shamrock Farms	150
Pamela Sheridan Charitable Settlement	25
Shears Tailors	5
The Slater Trust Limited	100
Society of Graphical & Allied Trades	10
John B. Sumner Trust	50
C. B. & H. H. Taylor Trust	100
The Twenty-Seven Foundation	100
Upjohn Limited	50
Van der Bergh Charitable Trust	50
A. F. Wallace Charity Trust	100
Michael & Anna Wix Charitable Trust	200
Wolfson Foundation	250,000
The Yapp Education & Research Trust	1,000
Anonymous	25,000
Anonymous	25,000
Anonymous	7,000
Five donations from members of the Staff	
Eight Deeds of Covenant from members of the Staff	
University Grant	58,000
C. H. Wells Trust Fund	85,000
October, 1973.	
	£586,735.25

Dental Photography at Guy's

by DAVID ROBINSON

The Department of Dental Photography is at present on the third floor of the old Pathology Block and it is staffed by a full-time Photographer, a full-time Assistant Photographer and a part-time Secretary. Photography of the head and mouth and related work is undertaken for members of the dental and medical teaching staff.

The decision to create a department was made by the Dental Council in June 1946. James M. Dyce was appointed part-time Director and provision was made for him to have a half-time photographer. Dyce who had qualified in Dentistry and Medicine at Glasgow in 1933 and 1934 found that his photographic hobby could be a useful aid to his interest in oral hygiene. When studying for his D.D.S. in the Pennsylvania Dental School, it proved helpful as an aid to memory and that part of the examination for his degree which consisted of a thesis, he made largely photographic in character. For this he won the prize for the year (1935).

During the late 1930's, colour films were becoming available. Appreciating their potential in dental photography he made a visit to the Kodak Company of Rochester, New York, to find out more about them.

His wartime service with the Army Dental Corps not only permitted but encouraged his photographic pursuits to the extent that he was seconded to the Films Branch of the War Office to make instructional films in oral hygiene and maxillo-facial injuries. It was during this period that he began to design a special camera for intra-oral photography. His clinical camera in those early days was a Leica with rotary copying device and a 90 mm. lens. Two No. 1 photoflood lamps provided illumination and the outfit was supported on a substantial iron stand for steadiness. Intra-oral photographs on Kodachrome required an exposure of $\frac{1}{2}$ second at f/12.5.

With this camera he produced colour transparencies which greatly impressed Bulleid and Kelsey Fry of Guy's with whom he was friendly and after the war he accepted their invitation to bring his equipment and experience to Guy's where he immediately set about developing a more sophisticated camera for intra-oral photography.

The Deep Focus Camera

Some readers may be unfamiliar with the problems of close-up photography of structures in a deep cavity such as the mouth. Focussing and framing are critical, very small movements of the subject or the camera result in the subject moving out of focus or out of field. Depth of field at such close quarters is very small so that the use of wide apertures is out of the question. The exposure time must be short otherwise movement occurs. The use of short exposures and small apertures together with slow films (many colour films are relatively slow even nowadays and they were very slow in 1946-8) necessitates intense illumination.

In the immediate post-war years the present range of 35 mm. reflex cameras was undreamt of and even cameras such as the Leica and Exakta were only available second-hand. Electronic flash was known but it had been used only for special purposes and was not available in the popular form or at the low cost we have it today. Thus it was that Dyce set about designing a dental camera, starting from first principles.

The Dyce Deep Focus Camera, developed in conjunction with Dawe Instruments Ltd. and Messrs. G. H. and H. E. P. Williamson (Williamson's Ltd.), had a dental X-Ray stand as its support. This gave the camera mobility to get the best view of the teeth of a patient sitting in a dental chair but provided for it to be firmly locked in position when set. The camera itself was designed with a reflex viewing system since this is the most practical way to avoid parallax errors. It was capable of focussing from three inches to infinity and could take pictures from f/3.5 to f/96. Illumination was provided in the prototype by two electronic flash tubes set one on either side of the lens and in production models by a circular flash tube around the lens. A modelling lamp was incorporated. At first an 800 joule power pack was provided, recharging from the mains. This was increased to 1,000 joules in later models.

The prototype, and later a production model, were in use in the Dental Photographic Department for about ten years. They provided excellent intra-oral photographs and it should be emphasised that the camera entirely lived up to its designer's hopes. Three factors eventually caused it to be abandoned, difficulty and cost of repairs, its lack of portability and most important of all, the appearance of ready-made, popular, miniature reflex cameras and electronic flash equipment at much lower cost than the custom built Deep Focus Camera.

James Dyce, having completed the development of the Deep Focus Camera, a term he himself coined, left Guy's in 1950 due to pressure of his busy Harley Street practice. He left the department in the care of the author, a member of the staff in the Department of Conservative Dental Surgery.

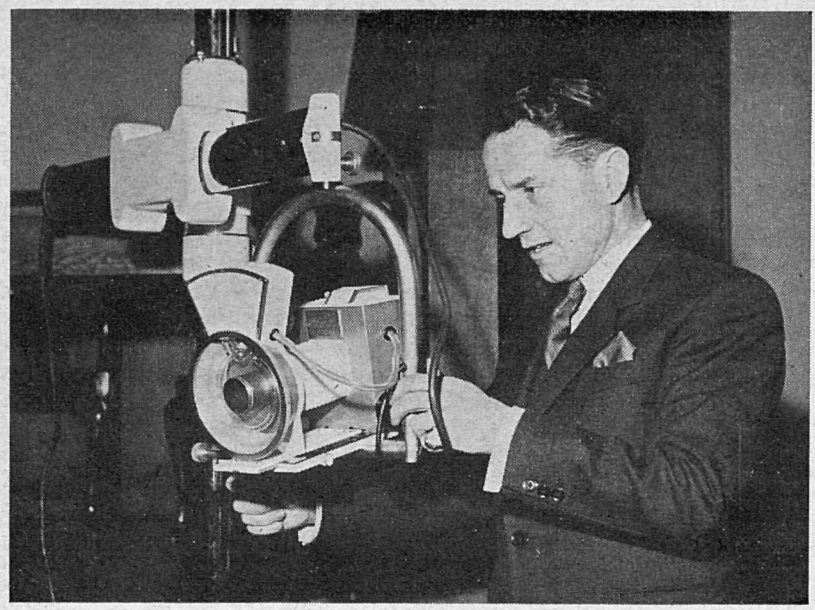
The Photographers

The department has been most fortunate to have had a succession of talented and resourceful photographers, each one contributing something new while coping with a continually increasing work-load.

Mrs. M. E. Small—1948 to 1952.
Mrs. B. J. Whitely—1952 to 1959.
(Assistant Photographer 1950 to 1952)
Mr. B. A. Jones—1959 to 1965.
Mr. W. J. Hurt—1966 to 1968.
Miss J. M. Hodgkin—1969 to the present date.

Accommodation

At first the department was housed in a small room on the first floor of the Dental School between what was then the Dental Histology laboratory and the back stairs leading to the Senior Students' laboratory (in about a half of the present dental classroom). The



James Dyce and his Deep Focus Camera.

only dark-room was the room now occupied by Professor Neill's secretary and was shared with the Dental Histology laboratory where Mr. J. F. Dudley worked.

Later, when the Dental Histology laboratory went elsewhere, the Dental Photographic Department moved next door to take its place, thus acquiring a larger studio and full use of the dark room. Both these sites suffered from being through ways for people getting from one side of the building to the other. The move to the 3rd floor of the old Pathology Block somewhere about 1962 might have been expected to diminish the demand for photography but this did not happen. Next year when the Dental School moves into the Tower Block, the department will occupy a suite of rooms on the 26th floor of the communications building.

The Work

In the year ending 31st July, 1972, the department produced approximately 8,600 colour slides, 1,100 monochrome slides and 3,000 monochrome prints. In all, 1,383 patients were photographed. Ten years ago, in 1961, the comparable figures were, 3,000 colour slides, 870 monochrome slides, 1,700 prints and 735 patients; and twenty years ago, in 1951, 850 colour slides, 540 monochrome slides, 920 prints and 325 patients. It will be seen from these figures that there has been a very great increase in the use of visual aids in dental teaching during the period since the second world war.

It is important to mention that the department has not worked in isolation all this time. There is close co-operation with the Department of Medical Illustration and Photography. The Dental Photo-

graphic Department undertakes oral photography for hospital medical staff, and in return gets help from Mr. Rytina, especially in sound recording for films and slide tape sequences and from Miss Archer in all matters relating to graphic art.

Films and Television

For many years the department has had a small output of ciné film in 16 mm., 8 mm. and Super 8 gauges. Teachers of operative technique, the author included, have found considerable use for films of tooth cavity preparation and filling. Interest by dental teachers in this medium has recently shown a marked increase. "Routine Orthodontic Radiography" (Super 8 sound) and "Radiation Dangers in the Dental Surgery" (16 mm. sound) have been filmed for a Guy's/King's team, consisting of Frank Ingram and David Smith who also acted as producers, directors and film cutters. "The Porcelain Jacket Crown" (Super 8 sound) and "The Post Crown" (16 mm. sound) have been made in co-operation with Robin Ellis and David Glynn of the Department of Conservative Dentistry who also undertook production and editing.

A small television outfit is in use in the Dental School and is currently under the wing of the Dental Photographic Department though there seems to be doubt in official circles as to its true parentage. Considerable use has been made of this by the author in teaching operative dentistry on the Phantom Head and at present David Brown, Lecturer in Properties of Dental Materials, is busy composing video tapes to assist in teaching his subject. Much very useful teaching can be done with this monochrome equipment, especially now that editing videotape recorders are available, but it should be added that colour television would be much better.

Conferences

Over the years the department has taken demonstrations to several British Dental Association Conferences but its main function has been to assist others in preparing their exhibits.

Slide Library

The department has a collection of 2 in. slides of dental and Guy's related subjects. These may be borrowed or copies made by members of the Staff going on lecture tours.

In conclusion it should be stressed that the growth of visual and audio-visual aid methods and the activity and enthusiasm of those concerned in producing them is a reflection of the keen appreciation by dental teachers at Guy's of their value. At every stage in development, from James Dyce to the present time, dentists have played a part. Currently, Robin Ellis and David Glynn, who are officially on the Staff of the Department of Conservative Dental Surgery, are especially active in the television and ciné-film scene. It is to be hoped that this friendly co-operation between photographic amateurs and professionals will continue to the undoubted advantage of both.

Footnote:

Mr. Dudley, as an amateur photographer, built up over the years a fine photographic record of Guy's. He has kindly given copies of a selection of these to the Dental School.

NURSING

The Housing Shortage

Most people cannot have failed to become aware of the plight of university students since their return to college, and subsequent difficulty in obtaining accommodation. Much was made of this by the mass media and the affair duly deprecated.

One group of students however, were not included in this publicity and these were the student nurses. This probably is because these people have no organised group or spokesmen, to publicise the matter. It is however, a fact, that in London, the accommodation problem for nurses is at present critical, and at its worst for many years.

If nursing has any "perks", one is definitely the fact that employment at a hospital, has always carried with it, the guarantee of subsidised accommodation, should one desire to accept it. In a profession where the members are very largely peripatetic, and the hours of work very irregular, this is a great and necessary advantage. So also, is the fact that the non-resident student nurses are able to move back into hospital rooms with very little forward notice, as soon as they discover that the winter fuel bills are amounting to more than that for which they had budgeted.

This last situation unfortunately, is now no longer the case for several reasons. First and foremost of course, is the astronomical rise in rents during the last few years. Coupled with this, is the fact that in furnished property, the tenant has very little security. The vulture landlords therefore, are making vast profits out of those who can least afford it.

The other cause of the present crisis, is the failings of the hospital authorities who are culpable on two accounts. Firstly, they have failed to look ahead and anticipate the situation. This of course is a little negligent in hospitals which insist that their more junior trainees reside in hospital property. Secondly, they seem to be under the somewhat erroneous impression, that staff will come purely for the honour of working in a hospital which is well known, and will not be distressed if they are asked to sleep in rooms which are antiquated and in a poor state of repair. Consequently, because nurses refuse to occupy inferior accommodation, the rooms have to remain empty unnecessarily. Whereas no nurse would dispute the necessity of ensuring that the patients are adequately housed, the traditional neglect of staff welfare which is common in many hospitals, affecting both nursing and medical staff, cannot continue.

It seems that the majority of London hospitals are similarly affected at present, and if suitable action is not taken, the numbers of staff, which are already dangerously low, will continue to decline even further. The hospitals will then join the ranks of all the other public services who at the moment are totally unable to fulfil their obligations for the very same reason.

POEMS

GEORGE PUZINOWSKI—IN MEMORIAM

O fate, your bludgeon fell
With cruel mirth,
Upon this green and fertile earth
Of ours;
And struck down shoots
Still yet to show their flowers.

The ears of corn
Have bent their heads,
And broken stalks remain:
Where golden fields,
That promised plenty,
Are now devoid and empty
Of the crop that shall never grow again.

But we that stand and watch
That oak upturned,
Maybe we've learned
To plant its acorns in our hearts;
And grow to live the joyous life
That tree once held,
Within its branch.

M. P.

THAT PILLAR OF STRENGTH

The Olde Maze Pond is no longer there,
A building stands in hollow square;
    Truly, as with squares of old,
    Great deeds of theirs remain untold.
Their fight is not with cold grey steel,
But edges, honed, to a surgeons feel;
    An ache or pain in such position,
    Doth call upon the skilled physician.
Should even then we still be ill,
They introduce an equal skill;
    A flash of white, a blurr of blue,
    A watchful eye is kept on you.
Whilst in the arms of Morpheus deep,
A vigil, over you, they keep;
Then, in good grace, our eyes arise,
To see extensions to our GUY'S;
    When'st from great knowledge the willingly shares,
    For the light and life, of humanity is there.

Vic Churchill.

To Wash - or not to Wash or be Washed

Miss E. P. MacManus, Formerly Matron, Guy's Hospital.

Several times in the past year it has come to my notice that the ritual of washing your patient daily and doing his back, seems to have gone out of fashion. Not, I hasten to say and quite unnecessarily, in our own much loved Hospital. But since our newly trained nurses are apt to go forth and take service in other hospitals of varying degrees both of size and quality, I quote a few incidents.

In one case, an elderly "fractured femur" wrote "I haven't had my bottom washed since I came here ten days ago." In another, a wife told me that when she visited her shattered and shocked husband three days after he had been admitted for various injuries after a car crash, she found that he was still wearing his soiled vest and pants. Another lady told me "I only had a blanket bath once in three weeks." I visited a County Hospital some distance from my home and with great pleasure found a young Guy's nurse at work in the ward. After some talk with the patient I had come to see, this Guy's nurse escorted me through the corridors to the front exit. In conversation she told me that in this hospital she found the atmosphere pleasant and the equipment good. But the other nurses said to her "we don't do backs here, and if they complain, we look at the patient." The Guy's nurse told me she replied "I *always* do my patients' backs, a wash, a good rub and then spirit and powder or the back cream provided."—"You'll soon get out of that" said her fellow nurses, "no time." "I never have got out of it" my Guy's nurse told me and I was filled with pride that our good teaching was justified.

What has come to Nursing nowadays in many places? Nursing, nourishing, cherishing, is NOT running about with shiny instruments —taking blood pressures, giving injections, etc., etc. Assisting the doctor in every possible way—all very worthy and useful, but not exactly "Nursing".

Nursing means, by all ways in our power, attending to the well-being, cleanliness and comfort of our patient and his ailments—his bedding, position, necessaries within his reach—the right food presented conveniently for him. All this while carrying out the Doctor's orders expertly and immediately. It sets the patient's mind at rest to feel that someone has his personal interests and comfort at heart.

Of course this takes time and a shortage of nurses and the Ministry of Health's well meant but short-sighted insistence on shorter and shorter hours of work for student nurses have done much to damage the quality of nursing care that each patient can receive in those hospitals that are hardest hit in this respect. But . . .

CORRESPONDENCE

" Panel of Translators "

SIR,—The Wills Library is updating its list of persons within the Hospital and Schools who are willing to undertake short, informal translations of letters, papers, etc. and to interpret for patients. The service given by these people is much appreciated and I am writing to ask if any students or staff, particularly those whose mother-tongue is not English. will contact me if they are able to help.

Yours faithfully,

J. M. FARMER, *Wills Librarian.*

The Wills Library,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

" Mr. A. W. Baker "

SIR,—Please may I take advantage of your columns, to implore that the numerous well-wishers and contributors to my farewell gifts, on the occasion of my retirement from the Dental School, to please accept this letter to express my sincere gratitude.

For, I have received scores of letters from "Guy's People" past and present, many containing recollections of personal incidents, thanking me for my endeavours to "ease" their passage through Guy's.

My wife and I will always cherish the memory of the "Dinner" given to me by my colleagues to mark the occasion!

Once again, thank you.

Yours faithfully,

A. W. M. BAKER.

91, Limpsfield Road,
Warlingham, Surrey.

" Wu Shu Kwan "

SIR,—May I have some space in your correspondence column to advertise the possibility of a new sport being available to the people of Guy's, both students and others. Wu Shu Kwan, a school of Chinese Karate or Kung Fu, has gained immense popularity around the London area in recent years. Classes are available at many places including U.L.U., City University, Queen Elizabeth College and Queen Mary College. Now that I have to earn my living (instead of living off the backs of the workers) I am no longer capable of teaching at Q.E.C., but I am willing to start a class here, probably from 7.30 to 9.30 on Monday nights. If enough people are interested I should easily be able to get another black belt to take over when I leave, but he would need paying, probably about 30p per person per session. Anyone who is interested should let me know via a note in my pigeon hole (housemen's rack) in the East Wing. Only those who view the martialants as a sport maintain interest. The paranoid soon give up.

Yours faithfully,

PAUL HEWISH.

East Wing,
Guy's Hospital.

" Stocks and Sheer's "

SIR,—As one who has had my "brains bashed around a few times" and "suffered degrees of concussion but can still stand upright and walk without the aid of a stick", I heartily agree with Mr. A. H. Stockers' remarks.

In actual fact, I think he probably intended netball to be a suitable alternative for the consideration when male candidates made application at Guy's.

It is just a passing thought in my dull mind, but as I do not remember seeing Mr. Stocker in the Pavy gym when he was at Guy's, what is his excuse for only having the same letters after his name as myself.

Yours faithfully,

W. M. SHEERAN, L.D.S., R.C.S. (Eng.)

262, Portland Road,
London, SE25 4SL.

Dis Guy's

SIR,—My younger son, whilst waiting at a traffic block in Toronto on 22nd August, asked the way from the owner of the next car. He replied "You are English. I trained at Guy's during the war." Gervase just had time to say "My mother trained there and was a Sister during the war."

If this should catch the eye of the doctor, I wonder if we knew each other. I was in Victoria, O.P.A. and at Orpington.

Yours faithfully,

G. A. WINN, née Close,
Guy's 1931-43.

148, Falcondale Road,
Westbury-on-Trym,
Bristol BS9 3JF.

SPORT

SOCCER

Guy's vs. Westminster Hospital

H.O.P. 12.10.73. Result: Guy's 3 Westminster 0.

The match began with twenty minutes of sustained pressure on the Westminster goal. Some early-season blunders followed and Westminster, thus encouraged, were able to keep the score to 1—0 at half-time. The second half showed the opposition to be even less fit than Guy's who began to turn the game into shooting practice. Jim Ramsey scored two goals to add to that scored by Steve Evans in the first half. This completed the score which should have been doubled.

Both the goals, individually and the collective team performance, were notable for effort and determination rather than thought or skill. The defence was sound, but not tested with genuine pace. The midfield won the ball well, but resorted to the more difficult or less effective options open to them when in possession. The forwards fought well for the ball, but looked rusty in their control of it, the co-ordination of available manpower, and in the air.

This all made for an encouraging but sobering start to our league fixtures. The club undoubtedly has the resources to do very well this year and must convert them into effective teams before more searching opposition is met.

N.W.T.H.

HOCKEY

Guy's vs. Woodstock

Won: 2—0

Guy's entered the Kent league for the first time this season. The rules require that one should begin in the lowest division, and find one's level via the promotion and relegation system. It is important for us to win sufficient points during the next two seasons to earn promotion at least to the second

division, to enable us to continue the high standard of fixtures which we have enjoyed in the past years.

The first of this season's eight matches was played on 13th October. We began the game rather better prepared than in previous seasons after several practice matches and training sessions, and for twenty minutes we steam-rollered through our none too skilful opponents. During the process we scored twice—Horton with a good shot from the edge of the circle, and Sparrow after a rather horrendous series of gaffs by the opposition defence.

Inevitably, in a situation where we were never in any serious danger of losing, the bite left our play, and for the remainder of the game we never quite worked hard enough to score again. The defence was never really tested but there are some monumental problems to sort out in the forward line. We must also produce a short corner drill which works, or it will lose us a match one day.

However, with the arrival of the league, the main issue, regrettably, is the acquisition of two points, and it was of the utmost importance to our morale to not blunder at the first hurdle. We succeeded.

P.R.N.

Team:—J. Cottingham, M. Selley, J. Clark, C. Hendy, P. Duckworth, P. Nicol, J. Horton, G. Sparrow, T. Bayliss, C. Crawshaw, J. Vafedis.

HOSPITAL INFORMATION

GUY'S HOSPITAL

Applications are invited for the following Dental House Surgeon appointments for the period 1st February, 1974, to 31st July, 1974.

1. General Duties with Mr. Macdonald (Resident).
2. General Duties with Mr. Bret Day (Resident).
3. General Duties with Mr. Gibb.
4. General Duties with Mr. Hagger.
5. General Duties with Mr. Thompson's successor.
6. General Duties with Mr. Mansie's successor.
7. General Duties with Oral Surgery.
8. General Duties with Oral Medicine and Pathology.
9. Preventive Dentistry and Casualty.
10. Children's Dental Department (2).
11. Prosthetics Department.

Forms of application may be obtained from the Superintendent's Office, Guy's Hospital, and applications should reach the Superintendent not later than Friday, **16th November, 1973.**

Candidates may apply for any of the posts advertised and should indicate their preference. They will not be considered for any post for which they do not apply.

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the appointment of whole-time **Registrar in Oral Surgery** to commence as soon as possible. Duties include the care of maxillo-facial injuries and offers experience in all aspects of Oral Surgery. The post s recognised for the F.D.S. and there are good library and research facilities.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **16th November, 1973.**

ST. OLAVE'S HOSPITAL

Part-time Sister for Nurses' Health Service
Hours usually 9.00 a.m. to 1.00 p.m. Monday to Friday, but this is negotiable.

Enquiries and applications to Miss P. Cooke, Principal Nursing Officer, New Cross Hosptal.

BIRTHS

CHALLACOMBE—To Stephen and Tina (née Cocks), a son, Benjamin James, on Friday, 8th June.

(The Editor would like to apologise for the late insertion of this announcement.)

NEWMAN—On 12th September, to Anne (née Cox) and John Newman of 5, Priory Close, Horton-cum-Studley, Oxford a son (Bruce Nicholas).

ON 19th September, at Epsom District Hospital, to Christine (née Lane) and George a son (Oliver Charles), brother for Charlotte.

CHANGES OF ADDRESS

Miss P. M. Hunt 6 Green Walk, Whatton-in-the-Vale, Nottingham, NG13 9FT. Tel. 0949-50719.

We apologise for inserting the wrong address in the issut dated 22nd September, 1973.

Dr. Jonathan Williams, 20 Crown Gardens, Brighton. Sussex. Phone: Brighton 21816.

PERSONAL

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PAPERS BY GUY'S MEN

Challacombe, S. J., Guggenheim, B., and Lehner, T. Antibodies to an extract of Streptococcus mutans, containing glucosyltransferase activity, related to dental caries in man. **Arch. oral Bio,** 1973, **18,** 657.

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GUY'S HOSPITAL GAZETTE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

WHO SPENDS YOUR MONEY?

With the implementation of the new constitution rapidly approaching and the recent meeting of the Clubs' Union Council Finance Committee just passed, considerable interest has been expressed in student finances.

Each student pays a standard capitation fee of £12—this enables him to become a member of the Clubs' Union and to enjoy the extra-curricular facilities offered by the Union. It is obligatory that the student joins and the money is paid out of his grant before the student receives his local education authority grant. These monies amount to £12,000 and are administered by the Clubs' Union Council.

The Clubs' Union has a total income of £14,829—largely derived from the standard capitation fee—the remainder being made up of grants from the Medical and Dental Schools, together with smaller incomes such as the bar profit at H.O.P.—currently running at £400 p.a.

Expenditure of this money is decided by the Clubs' Union Council Finance Committee which is composed of one representative from each constituent club plus the senior treasurer and secretary. Thus the committee is composed of 21 sports club and 8 non-sports club representatives. The decisions of this committee have to be ratified by a full meeting of the Clubs' Union Council.

In the coming year £10,588 will be spent by the sporting clubs whilst £1,840 will be spent by the non-sporting clubs.

Breakdown of the figures on this page reveal that in addition to the £5,745 spent on H.O.P. £1,000 is allocated to the Rugby Club, £579 to the Hockey Club and £620 to the Boat Club. Excluding H.O.P., £4,269 is allocated directly to the sporting clubs—nearly one quarter of this sum being spent by the Rugby Club.

At the present time when money is scarce and is likely to remain so, and when the students as a whole are to have more control over this expenditure, it is probable that the clubs—particularly the sporting clubs—will be pressed even closer to justify this expenditure.

It will be asked whether it is justified to spend £645 on entertainment and teas and whether those benefiting either directly or indirectly should not themselves pay either a proportion or the whole of this expense. It is an interesting thought that the relief of this financial burden from the new union would enable the running expenses of a mini-bus to be met—a facility which many students would enjoy and welcome.

It will be asked whether we can afford £1,234 in tour and travelling expenses. At present if a player travels to a match his maximum expenditure is 37½p. If a tour has been arranged should not those staying overnight (or for the weekend) pay a proportion of the hotel bills? It will be asked whether it is reasonable to continue paying for laundry expenses incurred by the Football and Rugby Clubs.

It is argued that a majority of students actively participate in sporting activities and this vast expenditure is justified. This unfortunately is no longer true, a larger proportion of today's students have interests outside the sporting arena and they must not be forgotten. Also a close examination of the clubs' budgets reveals that the majority of the available money is spent on prestige first and second teams—not on providing depth to the clubs.

Every student in the hospital contributes financially to the Clubs' Union and the time is surely approaching when the students will expect and demand that their money is spent so that the majority shall benefit.

Guy's Hospital Clubs' Union

Income and Expenditure Account 1973/74

(This is published by permission of the C.U.C. and it not intended to be a complete account of the C.U.C. The figures given, however, are accurate.)

INCOME

	£
Capitation Fee (Students)	12,000
Medical and Dental Schools' Contributions	2,000
Interest on Bank Reserves	394
H.O.P. Bar Profit	400
Others	35
Total Income	£14,829

EXPENDITURE

	£
Cost of Honor Oak Park	5,745
Grants to Clubs	4,875
Grants to Clubs for Travelling and Tours	1,234
Cost of maintenance of Squash Court and Gymnasium	500
Insurance, Office Fees, Audit Fee, etc.	850
Cost of Guy's Hospital Gazette	775

A breakdown of the constituent clubs' expenses reveals:—

	£
Art Society	10
Association Football Club	250
Athletic Club	50
Boat Club	620
Cricket Club	390
Dental Society	250
Golf Club	220
Hockey Club	579
Lawn Tennis Club	134
Mountaineering Club	125
Music Club	300
Pavy Gymnasium:—	
Boxing Club	35
Fencing Club	50
Judo Club	100
Photographic Society	60
Physical Society	45
Physiological Society	25
Rifle Club	30
Rugby Football Club	1,000
Sailing Club	220
Squash Club	200
Students' Club	1,000
Swimming Club	190
Table Tennis Club	1
Theatre Club	150
	£6,109

Of this figure £1,234 is spent on travelling. £645 is spent on entertainment and teas, notably by:—

Football Club	£72.50
Dental Society	£85.00
Hockey Club	£138.00
Rugby Club	£165.00
Squash Club	£75.00

OBITUARY

Miss M. Calvert

Miss Myra Calvert died in Guy's Hospital on Thursday, 25th October, after a long, distressing and often painful illness. Anyone meeting Myra casually during this latter part of her life would have had no idea of the extraordinary courage which she displayed in fighting her illness, and her determination to carry on a normal life whatever the handicap. Those who met her regularly either socially or when she visited the hospital for treatment with ever increasing frequency were amazed by her fortitude and resolution.

Her insight into her condition was complete and yet she managed somehow to ensure that her friends were never embarrassed by it and at the same time discuss the normal round of living without pretence.

She will be remembered by her many friends and all those colleagues who worked with her in the various operating theatres in the Guy's Group as gay, charming and helpful. When she went to the Royal College of Nursing after leaving Guy's she made the same impression.

Those who knew her intimately are proud to have had the privilege of her friendship. There are not many of us whose character will arouse such admiration.

P.J.H.

GUY'S DIARY

NOVEMBER

22	Th	1.00	Clinical Lecture. Dr. BARKHAN "Haemolytic Anaemias".
23	Fr	1.00	Clinical Lecture. Mr. O'FLYNN "Diverticular Disease of the Colon".
26	M	1.00	Clinical Lecture. Mr. CRABBE "Trends in Orthopaedics".
27	Tu	1.00	Clinical Lecture. Mr. DOUEK "Surgery of Deafness".
29	Th	1.00	Clinical Lecture. Dr. ROSE "Acute Leukaemia and Myelomatosis".
30	Fr	1.00	Clinical Lecture. Professor KEEN "Aetiological Factors in Diabetes Mellitus".

DECEMBER

3	M	1.00	Clinical Lecture. Major-General ROGERS "Missile Injuries".

Libya in Retrospect

A. W. Banks

Mr. Banks is now Surgeon to the Waipawa Hospital Board, New Zealand.

Lying in the warm embrace of the Mediterranean and extending over the great Sahara to the south, Libya is a country of clear skies and brilliant deserts. Its people are Berber and their way of life, little changed throughout the milleniums, is basically tribal and nomadic; the social organisation of the present desert tribesmen corresponds roughly to that of early feudal England. The great sixth Century efflux of the Arabs from what is now Saudi Arabia gave them their present language and the religion of Islam, besides affording some impact of that high civilisation associated with the Thousand and One Nights and the "Golden prime of good Heroun Alrashid". The advent of Suleiman the Magnificent and the Turks of the 16th Century halted progress; a strong feudal structure was reimposed; irrigation systems silted up; women were brought into the seclusion of the veil. The Turks did, however, leave a legacy of some fine architecture, as for example, the market place *(The Suhk)* at Derna. Next came the Italians, forcibly introduced and, in time, forcibly expelled; it was not, unfortunately, the Italy of Verdi and Caruso but the totalitarian régime of Mussolini that Libya came to know. Finally, shortly after World War II and temporary British administration, independence was granted as King Idris Senussi came to power.

And now oil riches entered that still primaeval society. The overnight growth of a new urban proletariat brought changes which were shortly to become explosive. In expanded Tripoli, Benghazi and other small towns, the old feudalism took new forms; a few wealthy potentates came to own newly erected blocks of modern concrete flats, which became largely tenanted by expatriate professional and other skilled personnel from Europe (mainly Britain and Yugoslavia) Palestine, Egypt and Pakistan. A glimpse beyond these contemporary edifices showed some lurid contrasts. In a scene dominated by the gleaming white-domed mosque, where strident and raucous, a siren called the faithful to prayer five times a day, an area of new workers' cottages would be seen. Elsewhere, those of the masses not yet rehoused continued to live in tents or tin shacks; these they sometimes shared with their sheep or goats. Here and there amongst such dwellings were Wild West style shack and shanty shops built around open spaces of dried mud, into which was freely disgorged all manner of garbage and old tin cans. Long familiar with the scents and spices of the East and, curiously blended, the whiff of open sewers and rotting vegetation (never too offensive when all quickly dries in the brilliant sunshine), they continued happily enough in that *milieu*, but the advent of radio and television and other impact with the Brave New World of the West and some loosening of their traditional desert ties inevitably produced unrest. Now, sudden poli-

tical change is no stranger to the desert peoples, who, like their climate of harsh sunlight and no shade, are not given to that spirit of compromise familiar to us in our Land of Mists and Mellow Fruitfulness. Revolution was all but inevitable. After the deposition of King Idris (1969), their political axis was re-aligned to that of Egypt and, indirectly, of the U.S.S.R.

Greek and Roman civilisation had made no impact beyond a legacy of ancient splendour in the form of one or two ruined cities, as at Cyrene, near Derna. Neither Roman order and discipline nor Hellenic Sweetness and Light are amongst their inherited assets. Though they are naturally easy going, fatalistic and at times inconsequential and though other worldliness ranks before efficiency (we have just seen that tidiness is not their strong suit), the harshness of the desert demands a discipline of its own and the social life of this proud and courteous people is stiffened by a strict code. Stealing is an anathema and their word is their bond. Alcohol is eschewed. A jealous and terrible God punishes the sins of the flesh with old-fashioned brimstone. The father of an illegitimate child, for example, may well meet sudden death by shooting at the hands of the seduced girl's relatives; nor is the honour of the family considered restored until a similar fate has overtaken both mother and baby. Not surprisingly, illegitimacy is uncommon. Such harsh traits are curiously divorced from another side of their nature; there is also a soft kindliness. Islam welcomes the stranger within its gate and I cannot speak too highly of the warm appreciation accorded to British and other expatriates, who found fulfilment—if not also tremendous challenge —in providing their much needed skills.

In 1968-70 I was fortunate in doing a tour as surgeon/gynaecologist in the Government service and was stationed mainly at Tobruk, the garrison town well known to the desert veterans of World War II and, more recently, a good vantage point to survey the medical scene. Medical services were based on civil hospitals, which combined the role of hospital and "community medical centre". There salaried general practitioners conducted their surgeries, besides giving some support to specialist units. Working on a part-time basis, some also undertook outside private practice at their own premises. Specialist units varied from the true "special departments" of Tripoli to peripheral units undertaking broad spectrum medicine and surgery. Nursing personnel were recruited in fair measure from expatriates, in which the British were well represented and which included a semi-permanent cadre of Italian nuns *(Sorellas)*, whose less sophisticated training was offset by an almost mediaeval spirit of loyalty and dedication.

Tobruk had a 200-bedded hospital. The medical staff consisted of a Director (a Libyan doctor), six general duty medical officers (some part-time), two surgeons and an anaesthetist; the anaesthetist and my surgical colleague were both British. Sharing the general surgery with me, the latter undertook most of the fracture and orthopaedic work while it fell to me to look after most of the gynaecology and to take charge of a 40-bedded obstetric unit, which managed

approximately 900 deliveries per year. The gynaecology at Tobruk was all but limited to incomplete abortions; in larger centres there was a more sophisticated though still limited repertoire.

The disease spectrum followed the general disease pattern of the undeveloped countries of the sub-tropics. Infective diseases and anaemia were well represented. The mortality from dysentery and broncho-pneumonia between birth and the age of five was approximately 30 per cent; this was characteristically accepted as the will of Allah. Trachoma was common. Degenerative disease, on the other hand, was less evident. Coronary thrombosis, diverticulitis, carcinoma of the colon, peripheral vascular disease and, also, varicose veins were rare and atherosclerotic lesions in general less common than in Europe. Open air life, adequate daily exercise and a high roughage diet were doubtless the main factors involved. Cancer in general had a low incidence. There were no geriatric units. "Honour thy father and mother . . .", a commandment of Islam as of Christianity, was seen to receive more practical observance in the East than in the West.

The general surgery there was mainly concerned with trauma, burns, non-malignant skin lesions, herniae and renal tract stones. The incidence of acute appendicitis was lower than that of Europe but not negligible. A very occasional case of intestinal obstruction occurred; one such, in a child, resulted from inspissation of round worms in the small bowel. It was very occasionally necessary to deal with a chest or head injury where there was insufficient time for safe transport to a larger centre.

The field of obstetrics and gynaecology offered a particularly striking contrast. Parity was high. The absence of ante-natal clinics in the Tobruk area was offset by the most welcome enterprise of a British public health nurse, who, besides holding clinics in the town, travelled around the outlying villages dispensing iron and folic acid. Pregnancy toxaemia was a rarity; as far as I know, the incidence of hypertension in later life was low and this was no doubt correlated. Skilled nursing staff in the obstetric wards were too few to provide adequate 24-hour cover for Syntocinon drips and such procedures. Asepsis was rudimentary. In view, also, of the women's strong dislike of "interference" and having experienced a case of intra-uterine sepsis following artificial rupture of the membranes, I early decided, in the particular circumstances to avoid both surgical inductions and Syntocinon drips other than for very strong indications. This resulted in a slightly higher Caesarian section rate than that of England for the category of disproportion—which was the main indication for Caesarian section. As, on the other hand, there was a low incidence of disordered uterine action, the overall Caesarian section rate was not increased. As a woman has no political or legal rights in Libyan Islamic society, it was imperative to seek out the husband and obtain his permission to section; the resultant delay, coupled with the non-availablity of nalorphine and infant sized intra-tracheal tubes, led to some resuscitation difficulties, particularly where the pregnancy was postmature. Once resuscitated, however, the babies fared well and, surprisingly, the associated neo-natal death rate was nil. Indeed,

there were in general remarkably few neo-natal paediatric problems. Despite the absence of highly trained midwives, the incidence of retained placenta was almost nil, and that of post-partum haemorrhage very low. Puerperal sepsis was rare. This not unfavourable picture was spoiled by the occurrence of the very occasional neglected case late to arrive at the hospital. I saw, for example, a maternal death result from massive pulmonary embolism following Caesarian section in a woman utterly exhausted after some five days of obstructed labour, where the foetus had perished. I arrived at the following figures for my nine-month period, during which time 650 deliveries took place:—

Maternal Mortality:—1 death during the studied 9-month period; overall maternal mortality rate probably less than 1 per 1,000 deliveries.

Stillbirth Rate:— 27 per 1,000 total births.

Neo-natal Death Rate:—approximately 15 per 1,000 live births.

Incidence of Caesarian Section:—40 per 1,000 deliveries.

Incidence of Forceps Deliveries:—35 per 1,000 deliveries.

Hence, while the maternal and stillbirth rates compared unfavourably with those of England and while the later intelligence quotient of those infants subjected to difficult resuscitation remains unknown, there was some compensation in a strikingly low morbidity rate.

Gynaecological practice afforded a yet greater contrast. The Libyan woman was bought in marriage. She might subsequently be divorced, provided that the issue passed in Islamic court and that an adequate settlement was made, for which the original bride price stood surety. Failure to produce a male heir within a reasonable time, for example, constituted valid grounds for divorce (notwithstanding that such "failure" might not be attributable to the female partner). Though, as is well known, the husband might take up to four wives, most marriages were, in fact, monogamous. This practice stemmed partly from the needs of earlier times, in a country without nunneries, to provide for surplus women; in part it was a concession to man's "occasional polygamous nature", the status of wife being regarded as preferable to that of mistress for "additional consorts" —the like of which are not unknown in the West. Yet, though veiled and politically voiceless, the Libyan woman was very much mistress in her own home and exerted much more influence than was at first apparent. She was not yet assailed by the many social conflicts which afflicted her Western sister and, abhorring interference, was reluctant to seek gynaecological advice or accept pelvic operations. I saw no cases of fibroids, endometriosis nor, curiously, of ovarian cysts and only one case of cancer of the cervix and one of cancer of the breast. Freedom from cancer of the cervix was doubtless in part attributable to the universal picture of male circumcision but might also have been related to a very fair standard of personal hygiene and low incidence of promiscuity and, with the latter, freedom from those contagious viruses which induce cervical epithelial proliferation. The operation of hysterectomy, currently (and understandably) fashion-

able in the West, was viewed with the greatest abhorrence and seldom performed. As regards infertility, however, the Arab woman never failed to present herself for investigation but, having done so, often refused any procedure which necessitated a general anaesthetic.

Nevertheless, a slow change in the social pattern was setting in. Compulsory education was producing the first of a new class of emancipated Libyan woman, who, no longer accepting the veil or captive to the suzerainty of a spouse, sought employment as a nurse or schoolteacher. Fresh social pressures were already seen to accompany this new found freedom and, with further progress, gynaecological practice will doubtless come to approximate more to that of the West.

Hence, cataclysmic change has resulted in a dictatorship, with its all too familiar postures towards external aggression. Yet it must not be forgotten that, apart from a section of youth which has been subjected to intense political indoctrination, the mass of the people desired peace; they were not, for example, interested in the distant Arab-Israeli problem, which formed (and continues to form) a convenient *casus belli*. The initial hysteria of the Revolution having passed away, the warmth and kindliness shown by the townspeople of Tobruk to the departing British in 1970, will not be readily forgotten.

Accident and Emergency Department Survey

August 14th to 21st 1973

by

C. Kelsey, T. Lee, C. Maile, T. Meredith, D. Nutt, R. Parker, S. Raper, H. Vyas.

INTRODUCTION

In general terms the objective of this Survey was to evaluate the function of the Accident and Emergency Department at Guy's Hospital by using data from the records over a period of one week. It was felt that this might be of some value if at a future date this department is reorganised in any way.

Specifically the following points were examined in detail.

(i) The distribution of patients as regards time, of both the day and the week.

(ii) To see what proportion of those patients treated is from Guy's local area.

(iii) The nature of the presenting complaint and to what extent each speciality is stressed.

(iv) To evaluate the load on the x-ray department.

(v) To see how many patients were referred to other departments, or followed up in Casualty at a later date.

METHOD

It was decided that the simplest way of collecting the information required, and to cover the largest number of patients possible, was to derive the data from the records kept in Casualty for each *new* patient that came into the department during the week of 14th August (7.00 p.m.) to 21st August (7.00 p.m.).

A form was devised (attached) which was filled up every evening for each patient, who had been treated during the previous 24 hours. It was designed so as to try and cover all the information that might be on the cards. The only difficulty encountered was that cards of patients admitted to the Hospital, had to be traced to the wards, to which they were sent. The information was analysed by means of punched cards.

RESULTS

The total number of New Patients surveyed during the week 14th August—21st August, was 685, of whom 59 per cent were male and 41 per cent were female.

Table I. Distribution of patients by day of the week.

Monday	16.1%
Tuesday	11.7%
Wednesday	12.6%
Thursday	15.0%
Friday	13.9%
Saturday	14.5%
Sunday	16.4%

Table II. Distribution of patients by time of day.

Time of day	*No. of Patients*	%	*% of those arriving in this period who were classified as accidents*
07.01—13.00	280	40.9	58%
13.01—19.00	257	37.5	57%
19.01—01.00	118	17.2	45%
01.01—07.00	30	4.4	60%
All	685	100.0	56%

During this particular week Sunday and Monday were the busiest days, but the distribution throughout the week is relatively equal. The majority of patients are treated during the morning and afternoon. More than half the patients treated had had accidents (except in the period 19.01—01.00).

Proportion of patients from the local area of the Hospital as defined by S.E. 1., S.E. 14., S.E. 15., 16. 17, by arrival time

Table III

Time	*Local*	*Non-local*	*Unknown*	*No fixed abode*
07.01—13.00	50.4%	49.6%	—	—
13.01—19.00	54.9%	42.4%	2.3%	0.4%
19.01—01.00	66.1%	28.8%	3.4%	1.7%
01.01—07.00	56.7%	36.7%	—	6.7%
All	55.0%	42.8%	1.5%	0.7%

During the day there is a slightly greater proportion of local patients as opposed to those from other areas. This increases as expected during the evening.

The nature of the presenting complaint and to what extent each speciality is stressed

In this section accident and non-accident cases were studied with reference to their type. Also those patients who were admitted, whether or not it was an accident, were divided into specialist categories, and similarly patients who were not admitted.

For one patient, who was brought in dead, it was unknown whether or not an accident had occurred. This patient has been excluded from Table IV.

Table IVa (i) Type of Case for Accidents and Non-Accidents

Type of case	*Accidents* No. %		*Non-Accidents* No. %
Surgical	209 (54.9)		55 (18.2)
Orthopaedics	125 (32.8)		24 (7.9)
Medical	28 (7.3)		123 (40.6)
*Others	19 (5.0)		101 (33.3)
All	381 (100.0) (55.7)	684 (100.0)	303 (100.0) (44.3)
*Others e.g.	E.N.T., Eyes, Insect Bites, etc.		Psychiatric, E.N.T. Obstetrics and Gynaecology, etc.

Table IVa (ii) Age Distribution against Accident and Non-Accident

Age Group	*Accident*	*Non-Accident*	*Total*
Up to 12	22.6%	8.6%	16.4%
13—59	69.0%	80.2%	74.0%
60+	7.9%	10.9%	9.2%
Unknown	0.5%	0.3%	0.4%
All	100.0%	100.0%	100.0%

Table IVa (iii) Number and percentage admitted by age group and whether accident or non-accident

Age Group	*Accident*	*Non-Accident*
Up to 12	9 (10.5)	3 (11.5)
13—59	8 (3.0)	46 (18.9)
60+	2 (6.7)	12 (36.4)

Table IVb (i) Type of Accident

B.I.D.	0.3%
Head Injury	9.7%
Fractures	11.0%
Lacerations	34.1%
Burns and Scalds	2.9%
Others	45.9%

(It is possible for a patient to be in more than one category)

Table IVb (ii) Type of Non-Accident

Acute Abdomen	5.3%
Genito-urinary	6.9%
Haemorrhage (P.R., Haema-temesis,-optysis)	5.0%
Minor Surgery	5.9%
Other	76.9%

One hundred and eleven or 48% of the "other" group of the non-accident cases were due to medical reasons. (This includes both admitted and non-admitted cases.)

Table IVc Reason for coming to casualty for medical non-accident "other" cases.

Infectious Non-respiratory	18 (16.2)
Infectious Respiratory	8 (7.2)
C.N.S.	17 (15.3)
Cardiac	15 (13.5)
Alimentary System	7 (6.3)
Respiratory System	7 (6.3)
Poison and Overdose	11 (9.9)
Metabolic	5 (4.5)
Renal	— —
Others	23 (20.7)
All medical non-accident "others"	111 (99.9)

As shown in Table IVa accidents mainly comprised of surgical and orthopaedic cases of which lacerations, sprains and fractures predominated (Table IVb). From all the 125 orthopaedic accidents 27.2 per cent involved fractures. From this it can be deduced that casualty has a large load of minor orthopaedic cases. These include joint pain, sprains and trauma which has not resulted in fracture.

Out of the total number of patients treated in Casualty during the week, 16.4 per cent were under 13 years old, 74.0 per cent between 13 and 59 and 9.2 per cent aged 60 and over. (The age of three patients was not obtained) (Table IVa (ii)). There were proportionally more children admitted as a result of their accidents than either of the other two age groups. (Table IVa (iii)). Also of the 33 patients aged 60 and over who were non-accident cases, 36.4 per cent of them were admitted.

Tables IV (a) (b) and (c) show that the majority of cases that are not accidents are medical problems. The number of Surgical cases is about half that of medical cases. Unfortunately the 15.3 per cent figure for C.N.S. does not indicate the number of true neurological disorders, but probably includes cases such as "nerves" and other conditions related to the nervous system, but which do not fit into any other group. Infectious non-respiratory included any kind of infection, for example, a paronychium.

Table V Type of Admission for both Accidents and Non-Accidents

Medical	37.5%
Surgical	31.3%
Obstetric and Gynaecology	21.3%
Others (e.g. Psychiatric, E.N.T. Paediatric)	10.0%
Total (80 patients)	100.1%

Table Va 30 Medical Admissions

Cardiac	20.0%
Respiratory	13.3%
C.N.S.	10.0%
Renal	3.3%
Metabolic	3.3%
Infectious Non-Respiratory	3.3%
Infectious Respiratory	3.3%
Poisons and Overdose	36.7%
Others	6.7%

Table Vb Poisons and overdose against arrival time (admission and non-admission)

Time	*Number*
07.01—13.00	2 + 12 Firemen
13.01—19.00	4
19.01—01.00	5
01.01—07.00	1

Eleven of these were admitted. These figures are not expressed as a percentage due to the 12 firemen suffering from minor nitric acid poisoning, which would have led to a false result, for comparison, and due to the small numbers involved.

Table VI Type of Non-Admissions

Type	%
Surgical	39.5%
Orthopaedics	24.3%
Medical	20.0%
Eyes and E.N.T.	8.1%
Others (e.g. Obs. & Gynae., Psychiatric, Paediatric, etc.)	8.1%
Total (605 patients)	100.0%

Only a total of 80 out of 685 cases were admitted from casualty; this figure excludes arranged admissions. Thus the greatest part of the work in casualty is dealing with patients who do not require admission. The majority of those admitted were either Medical or Surgical (Table V), whilst the majority of those non-admitted were surgical, medical and orthopaedic cases (Table VI). Unfortunately only the medical figures could be broken down, and for those admitted these show that there is a high percentage of overdose patients (Table Va). Contrary to expectations, there was no definite evidence to suggest that the majority of overdose patients (whether or not admitted) arrived in the evening (Table Vb). Excluding the twelve firemen, who presented with nitric acid poisoning, all except one of the poisons and overdose patients were admitted

To evaluate the load in the X-Ray Department in Casualty.

Table VIIa

Type of X-Ray	*Type of Case* *Medical*	*Surgical*	*Orthopaedic*
Head and Neck	7.3%	43.4%	2.4%
Chest	87.8%	22.6%	5.9%
Abdomen	—	11.3%	—
Fracture	—	1.9% | 22.6%	34.1% | 91.8%
Others	4.9%	20.8% |	57.6% |
Total No. of X-Rays	41 (100.0%)	53 (100.0%)	85 (100.0%)

Table VIIb Number of X-Rays at different times.

Time	*Number*
07.01—13.00	74 (40.2)
13.01—19.00	63 (34.2)
19.01—01.00	29 (15.8)
01.01—07.00	18 (9.8)
All	184 (100.0)

Twenty-five per cent of the total number of new patients were X-Rayed during this week, and not surprisingly the greatest work load is during the day. 26 per cent for the evening and early morning, however, is still a large percentage, particularly if the staff is reduced at this time.

Numerically, 25 per cent suggests a low load on the X-Ray department, but it must be remembered that these figures do not cover patients who are followed up every day, and also the time factor involved per X-Ray.

In connection with previous figures, a large proportion of X-Rays taken were of orthopaedic cases, and the majority of medical X-Rays were of the chest. It is interesting to note that out of a total of 37 head injuries 59.5 per cent were X-Rayed, which is only just over half.

Table VIII Referrals for those not admitted

	Accident	*Non-Accident*
Physiotherapy	3 (0.8)	— —
O.P.	29 (8.0)	27 (11.2)
Social Workers	— —	1 (0.4)
G.P.	3 (0.8)	33 (13.6)
Follow-up	150 (41.4)	68 (28.1)
Discharged	178 (49.2)	114 (47.1)
Total	362	242

(*Note*—Patients may be referred to more than one agency.)

DISCUSSION AND CONCLUSIONS

In summary this project has achieved a superficial but overall picture of most of the work in casualty. It is felt that it will prove useful as a "Pilot Survey" for anyone else interested in observing the function of Casualty in greater detail. However, as this survey has shown us, the terms of reference must be clearly laid down in advance. The points that could possibly be expanded further are the "others" groups, which in this survey included a great deal of minor ailments.

The main points of this Survey have shown us that there is a large number of patients, who come straight here, with minor problems that could have been dealt with in General Practice. This is only surmised from the large number of medical cases that are not admitted, and from the discharge figures. This would agree with Blackwell's Survey, when he found that nearly a third of 200 patients preferred to attend Guy's Casualty instead of going to their own G.P.s. 57 per cent of these "unnecessary attendances" were due to social, psychological and medical reasons. This obviously increases the work load on the department. It would also appear that a considerable period of time is spent dealing with orthopaedic cases, whether or not they are accidents.

It is interesting that although there is a paediatric Accident and Emergency department at the Evelina, a sixth of all the patients who came into Guy's during the week were under 13 years old.

It has been suggested that there should be space for overnight beds in the casualty department. Unfortunately the survey does not show any figures which would either support or refute this proposal.

As already mentioned, patients who are admitted take their Casualty Cards to the wards with them, some of which, appeared to be lost in transit. In order that Casualty records are maintained, it is suggested that a copy of the card is sent to the ward, the original remaining in the department.

ACKNOWLEDGEMENTS

We would like to thank Rosemary Dalton of the Department of Community Medicine, and Major-General Rogers of the Accident and Emergency Department for their help and advice in this Survey.

REFERENCE

Blackwell B. (1962) *Lancet* I 369-71.

NURSING

THE HIERARCHICAL STRUCTURE

In a recent edition of the nursing press was a letter from a nurse, who, unfortunately, declined to state either her name or training school. Nevertheless, the content of the letter, which was both carefully and thoughtfully written, should have been of interest to other nurses. The correspondent stated that she felt disturbed by the standards of care, and also the system of organisation in her particular hospital. The main cause of concern was the fact that no longer could one approach a senior person, and hope to obtain a decision on any matter, be it professional or personal. It is now necessary for it to be passed from one person to another, until it reaches the top, and then to be transferred, like a Chinese whisper, back down again. The final comment in the letter was, that far from improving the autocratic structure in hospitals, the present methods of administration have done nothing but worsen it considerably. In addition to all this, the nurse stated that to work for a ward sister who is more than twenty-five years old, is nowadays a rare and much appreciated pleasure.

With regard to the first point, it is of course true, and the result has been, that the frustration of hospital staff is increased. It may not have been entirely satisfactory to have the all-dominant type of Matron ruling the hospitals, but they were available very much more readily than is now the case, and decisions were made quickly; and, even if one did not agree, at least the situation was clear, and *ad hoc* committees were not necessary to solve trivial problems.

With regard to the second point, it is most interesting to see that student nurses feel this way about a matter which has concerned their more senior colleagues for some considerable time, and has been one of the main reasons for the marked antipathy towards the present structure. It is of course not that the younger sisters are at fault, but merely that they have not had time to acquire that much-despised attribute called experience. Furthermore, they are given very little help or encouragement to gain it. The fact remains, however, that this is the only way in which wards can be administered and patients looked after adequately. In addition, it is also evident that the younger medical staff are being deprived of an important part of their training.

It is saddening to think that the writer of the letter made some very cogent points; no move will be made to improve the situations in hospitals, but all will continue to be ignored, and as a result conditions deteriorate.

SPORT

ROWING

Head of the River Fours

Guy's entered two coxless fours for this race which is rowed from Chiswick Steps to Putney Pier, a distance of about 2¾ miles. This year it was held on Sunday, 21st October, and there were over 200 entries including three quadruple sculls—their magnificence belied by their speed.

Our first four was unlucky in losing Paul Stuart-Bennett—who had recently returned from representing this country in Moscow—to a University of London crew. Despite this they rowed a very fine course as far as Hammersmith Bridge where they encountered an oblique headwind and found themselves trapped by three boats converging ahead of them; even so they finished with a time of 12 minutes 37 seconds which put them first of the hospital crews and second only to the first Imperial College boat—which Guy's had beaten by nearly an hour in this years Boston Marathon—of the college boats from London University.

The second four were less fortunate, for their fin vanished the night before the race, only to reappear the following week, so steering was made unnecessarily difficult on a day when it was in no way easy, with the surface of the water being whipped by cross winds and the puddles from preceding boats.

Ist IV: M. Gleeson, R. Pinkney, J. Miller, A. Chivers.
33rd overall. 24th in coxless division in 12 minutes 37 seconds.

2nd IV: T. Palmer, S. Durham, S. Caswell, N. Drane.

SQUASH

Sussex Tour

Friday, 26th October, saw a Guy's Squash team journey down to Brighton to commence the squash tour. It was a poor start as Guy's lost 5—0.

However, Saturday morning, saw things improve. After a relaxing day at the "Ship" and Thatchings, Guy's travelled to Middleton. Bob Milner was dragged from his books to play at No. 5 and Guy's put up a better show losing 4—1. In the bar we had a significant victory having considerable support from the nurses staying at Thatchings. Socially John Tilley was a knock-out or rather knocked-out.

Sunday was the climax of the tour being "Bowls Championship day". Stylish continental Robert Kirschen streaked away to an early lead but was overhauled by the less orthodox players and eventually Bob Milner won by a short head.

In the afternoon Guy's played Chichester with a stronger team as Peter Collins and Chris Mackenzie travelled down to play. In fact, Guy's won 4—1.

Thanks must be given to Angus Kingon for organising the tour against considerable odds due to players last minute withdrawals. Thanks also to those players who played after last minute notification.

C.A.H.

Team vs. Brighton

1. Robert Kirschen; 2. Angus Kingon; 3. John Tilley; 4. Colin Holden, 5. Mike Owen.

Team vs. Middleton

1. Robert Kirschen; 2. Angus Kingon; 3. John Tilley; 4. Colin Holden; 5. Bob Milner.

Team vs. Chichester

1. Chris Mackenzie; 2. Peter Collins; 3. Robert Kirschen; 4. Angus Kingon; 5. Colin Holden.

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD OF GOVERNORS

Applications are invited for the post of **Casualty Officer** (Senior House Officer Grade) at Guy's Hospital for the six months commencing 1st December, 1973.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **25th November, 1973.**

GUY'S HOSPITAL BOARD OF GOVERNORS AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in psychological medicine to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board with duties to commence on 1st January, 1974, rotating between the Guy's Group of Hospitals and the Bexley Group. Applicants should have a higher qualification and an active interest in teaching and research. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London, SE1 9RT, not later than **26th November, 1973.**

The following House Appointments are still available. Would anyone interested in applying, please contact the Superintendent's Secretary—extension 667.

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Throat and Ear House Surgeon
From 1.12.73 for 6 months

AT MILLER HOSPITAL

House Surgeon to Mr. O'Flynn
From 1.12.73 for 6 months

AT ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash and E.N.T.
From 1.12.73 for 6 months

House Surgeon to Mr. Walker-Brash and Mr. Lam
From 1.12.73 for 6 months

House Surgeon to Mr. Boxall and Mr. Lam
From 1.12.73 for 6 months

House Surgeon to Mr. Boxall and Miss Austin
From 18.12.73 for approx. 6 months

AT LEWISHAM HOSPITAL

House Surgeon to Mr. Monty
From 1.12.73 for approx. 6 months

AT PEMBURY HOSPITAL

House Surgeon
From 1.12.73 for 6 months

AT ST. HELEN'S HOSPITAL, HASTINGS

House Physician
From 1.12.73 for 6 months

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SEPTEMBER 1973

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P. G. P. Lawler
M. S. Nielson
R. B. Plummer
A. K. Y. Walker

BIRTHS

O'SULLIVAN: At B.M.H. Rintern, B.F.P.O. 29, on 2nd September, 1973, to Sue (née Giles, S.R.N. Guy's, 1962—1966) and Capt. Michael O'Sullivan, 1 Green Howards, a daughter, Clare Joanne, sister for Louise (born 24th July, 1971)

Dr. and Mrs. N. Ty SMITH: At the University Hospital, San Diego, California, on Monday, 8th October, a daughter, Saskia Rachel.

WAINWRIGHT (née Darke): on 25th July, a son, Michael Stuart.

DEATH

PRITCHARD—On 27th October, 1973. George Brentwall Pritchard F.D.S., M.R.C.S. L.R.C.P., at his home 29, Harpent Avenue, S.W.15. Consultant Dental Surgeon Emeritus to Guy's Hospital.

CHANGES OF ADDRESS

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PAPERS BY GUY'S MEN

Alderman, E., Creasy, M. and Polani, P. E. (1973). Spontaneous abortion and neural tube defects. **Brit. Med. J., 4,** 5886, 230-231 (letter).

Cotlier, E. and Singer, J. D. (1973). Tay-Sachs' disease: Diagnosis of homozygots and carriers with tears. In: Fourth International conference on Birth Defects, abstracts of papers. Motulsky, A. G. and Ebling, F. J. G. **Eds.** Abstract No. 85, p. 36. Amsterdam: Excerpta Medica.

Daker, M. and Ogle, C. (1973). Chromosome disorders in babies. **Nursing Times, 69,** 30, 952-954.

Glynn, A. and Adinolfi, M. (1973). Transfer of 125 I-labelled lysozyme from the maternal into the fetal circulation in rabbits and mice. In: Non-specific factors influencing host resistance. A re-examination. Braun, W. and Ungar, J. **Eds.,** pp. 382-390. Basel: S. Karger.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2246

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The recent survey of consultations in Guy's Casualty Department has brought to light several more general points. As has been suspected for some considerable time, a large proportion of consultations are for minor ailments which could well be handled by the local G.P.s This is, perhaps, not a fault of the G.P.s, but more an idiosyncrasy of the local population. For many years, local G.P.s have been blamed for referring patients to Casualty, but the problem we have to consider is, basically, why the patients prefer to come to the hospital.

Any public service can only gauge its efficiency by investigating the attitudes of the people who avail themselves of that service, and, in this respect, a hospital is no exception. It is important for the hospital to attempt to understand the psychology of the average inhabitant of S.E.1. As a general rule, they seem to fall into two groups: those who have lived here most of their lives and survive on mutual trust; these are the people who use G.P.s as their mentors: and those, usually of a younger generation, who show an intense mistrust of the older generation; these are the people who seek refuge in the confines of a hospital; somewhere that has sufficient anonymity for them to feel relatively important.

As a service, we are sometimes poor at comprehending interpersonal relationships. There are a great number of problems facing the people of London which they are unable to discuss, even with their closest associates. Perhaps, then, it is hoped that Guy's

will provide the means of sorting out these problems, even if this only consists of a little reassurance and a friendly talk. It is easy to spot the person with non-specific symptoms who is burdened by something that he is unable to get off his chest, and we should make it our job to recognise and help these people as best we can.

Of course, casualty officers have got better things to do than soothe the brows of neurotic ladies or gentlemen. So, we must look at the problem further back in time. During medical training, one is equipped to become a safe and efficient doctor, but one's method of handling the patient as a person is purely self-taught (and may even be simply "trial and error"). Obviously, it is not possible to teach students how to handle the patients' personal problems, but we can lay down guidelines on which the student may improvise as his "technique" improves. The introduction of social psychology to the medical curriculum, while a considerable step forward, is only the beginning. It is easy to handle a painful abdomen, but it needs great skill to handle the sick person as a whole.

A second possibility is to develop the idea of the Chinese "barefoot doctor". This is a trained but unqualified person, instructed in the arts of simple diagnosis and treatment, who functions autonomously. This concept could be developed to cover the role of the district nurse/community sister as well as providing the necessary understanding to interpret the patients' attitudes and problems, and to attempt to help them solve their problems. By thus improving the community care, we may see the disappearance of the trivial complaint centred on a basically psychological problem.

Only by looking at the population at large and ourselves as the patient sees us, can we hope to improve the physical and mental health of the population. We have already made some useful progress towards dealing with the problems that are presented to us every day; problems that seem trivial to us, but which may destroy the lives of those who come to us for help. But there is still a long way to go before we can absolve the hospital from these problems. Our main aim should be to produce young doctors who can go out in the population and deal effectively with other human beings and their problems; and to develop a method of community support to cover minor ailments and to attack them at their source before they become major problems. This is, obviously, the aim of the Health Service in general, but experience has shown us that we can do better. Time, training and vigilance will improve community health and take an unnecessary load off the hospital service.

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GUY'S DIARY

All Clinical Lectures are held in the Anatomy Theatre at 1.00 p.m. All students are welcome.

DECEMBER

6	Th	Clinical Lecture. Dr. HARDWICK "Life Assurance and Medicine".
6	Th	Snowflake Ball, East Wing, 8.30 p.m.
7	Fr	Clinical Lecture. Mr. BRAIN "The 'Ruptured' Oesophagus".
7/8	Fr/Sat	"Messiah", Southwark Cathedral, 7.00 p.m.
10	M	Clinical Lecture. Mr. RENDALL "Intestinal Obstruction".
10	M	"The Lovers", Theatre Club
14	Fr	7.30 Physiology Theatre
13	Th	Clinical Lecture. Dr. ROSE "Chronic Leukaemia".
14	Fr	Dr. ABRAMS
17	M	Clinical Lecture. Dr. ROSE "Polycythaemia".
20	Th	Clinical Lecture, Dr. BARKHAN "Bleeding Diseases".

The following course of lectures on Immunology in Relation to Clinical Medicine have been arranged and will be held during the Spring Term, Fridays 9 a.m., in the Physiology Lecture Theatre.

1.	18 Jan.	"Immune Response in Clinical Medicine". Prof. S. COHEN
2.	25 Jan.	"Structure and Properties of Antibodies". Prof. S. COHEN
3.	1 Feb.	"Antibody Synthesis and its Derangements". Prof. S. COHEN
4.	8 Feb.	"Antibody Mediated Mechanisms of Immunity". Prof. S. COHEN
5.	15 Feb.	"Cell Mediated Mechanisms of Immunity". Prof. C. MIMS
6.	22 Feb.	"Mechanisms of Hypersensitivity". Dr. S. LIEBOWITZ
7.	1 Mar.	"Immune Complex Disease". Prof. C. MIMS
8.	8 Mar.	"Specific Immunological Tolerance". Prof. R. BATCHELOR
9.	15 Mar.	"Auto-immune Disease". Dr. S. LIEBOWITZ
10.	22 Mar.	"Immune Response to Tumours". Dr. A. C. ALLISON
11.	29 Mar.	"Immunological Aspects of Transplantation". Prof. R. BATCHELOR

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NEWS IN BRIEF

National Association of Health Students

We welcome the appearance of *Health Team*, the journal of the N.A.H.S. and hope that the aims of the N.A.H.S. will be quickly achieved.

Charity Tombola for the Snow Flake

A Tombola is being organised to raise money to buy Christmas presents for the children who will be in Guy's (or one of the hospitals within the group) during Christmas. Anyone wishing to donate a suitable prize is invited to send it c/o Students' Club, East Wing, Guy's Hospital.

Department of Social Workers

The above department has recently been formed by the integration of the Medical Social Workers, Psychiatric Social Workers and Child Psychiatric Social Workers and will be under the overall direction of Miss P. D. Service.

The Lovers

Guy's Hospital Theatre Club are producing "Lovers" a play by Brian Friel, directed by Rudy Bilous on Monday, 10th December—Friday, 14th December. at 7.30 p.m. in the Physiology Theatre. Free tickets are available in the colonnade during the preceeding week.

Publication Date

The next *"Gazette"* will be published on 15th December, not 22nd as advertised.

Christmas Carols

The Festival of Nine Lessons and Carols will be held this year on Tuesday, 11th December, at 7 p.m. in the hospital chapel.

Allcomers will be welcome.

Guy's Hospital

THE 1974

ROSE BALL

AT THE

GROSVENOR HOUSE HOTEL

PARK LANE

SATURDAY, 26th JANUARY, 1974

8.00 p.m. – 2.30 a.m.

Music by the Dance Band of the R.A.M.C.

Discotheque

Black Tie

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EAST WING, GUY'S HOSPITAL, S.E.1

OBITUARY

George Brentnall Pritchard

George Brentnall Pritchard died at his home in Putney after a long period of ill health at the age of eighty-four years.

"Pritch" as he was commonly known to his friends and colleagues entered Guy's in 1906 to study for the L.D.S., R.C.S. qualification which he obtained in 1911. He held A.H.S. and H.S. appointments. He was an ambitious man and realised that if he were to reach the higher flights of the profession it was necessary for him to be medically as well as dentally qualified. He entered the Medical School and qualified in medicine in 1914. He had a distinguished undergraduate career but what pleased him most was when he was elected captain of the rugby XV in the 1912-13 season.

Like most of his colleagues he was caught up in the 1914-18 war. He joined the R.A.M.C. and spent quite a part of his service in Mesopotamia where he worked in collaboration with another Guy's man—the well-known E.N.T. specialist, T. B. Layton. After distinguished service in the army—he had the distinction of being mentioned in despatches—he was demobilised in 1918 with the rank of Acting Major. He returned to Guy's where he held junior staff appointments for the next two years.

A man of Pritchard's ability, doggedness and personal charm was destined to hold a senior hospital appointment. It was no surprise when he was appointed Assistant Dental Surgeon to Guy's Hospital in 1920 and Dental Surgeon in 1932. Simultaneously he worked in private practice in Portland Place with Mr. J. Lewin Payne—an association which continued until the death of the latter. Pritchard continued to practice and subsequently moved to Harley Street where in his later years he worked single-handed until his retirement from private practice.

In addition to his hospital clinical appointment he held academic appointments in the school—Lecturer in Dental Histology and later Lecturer in Oral Surgery until his retirement from the hospital. The writer had the privilege of acting as Demonstrator when Pritchard taught histology and one could not fail to observe the vast amount of trouble he took in preparing for his classes. He was one of the early dental research workers and some of the dental pathology of today has been written around his histological findings.

In his later years, Pritchard held the position of Chairman of the Dental Committee (now discontinued) and Chairman of the Dental Council. Each of these appointments demanded a clear knowledge of the workings of the Hospital and School and he spared no effort to keep himself *au fait* with the day to day happenings. In 1948 he was elected F.D.S.R.C.S.Eng. in recognition of his service to dental education. In 1954 he retired from the Guy's staff and was made a Consultant Dental Surgeon Emeritus to the Hospital.

Pritchard was a man who was liked and respected by all levels of people with whom he came into contact. He was a modest and self-effacing man but one whose opinion was respected. He had the great virtue that he was always prepared to listen to the problems of his juniors and to give practical help and advice to them.

In his own quiet way he did a lot for the dental profession and for Guy's and he will be remembered for his devotion to both.

He leaves a widow and two sons, one medical and one dental who both trained at Guy's. We offer them our sympathy.

F.S.W.

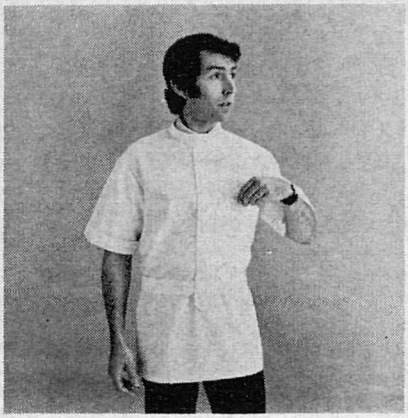
NOTICES

A Wine Tasting is being held by the Southwark Division of the British Medical Association on Thursday, 6th December, at 7.30 p.m. in the Medical Staff Common Room of the Medical School.

Nine French wines will be available for tasting and Mr. G. Grilli of Hedges and Butler will give a short address about them.

This will be a good opportunity for Guy's Medical Staff to meet some of the local General Practitioners and Medical Officers of Health as well as doctors from other hospitals and I trust that it will prove to be an equally enjoyable and palatable occasion.

Tickets at £1 a head may be obtained from: H. G. Sturzaker, Department of Surgery, Guy's Hospital.



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TRIALS WITH TUBERCULOSIS IN NEPAL

by Dr. I. A. BAKER

How much tuberculosis there is in Nepal is unknown. One small survey put a figure of 1% prevalence for sputum positive pulmonary tuberculosis, but accurate data is hard to obtain here as in any developing country. Most doctors, both Nepalese and Western, see enough of the disease to recognise the fact that it is a common form of infection in the land and more than present treatment services can accept. In the four clinics maintained by the Britain Nepal Medical Trust, a private charity-supported organisation, we have 1,800 cases of tuberculosis on our records, three-quarters of which are pulmonary in type.

The kingdom of Nepal can be divided into regions parallel to its northern and southern borders according to different geographical, climatic and ethnic parameters. In the south of the country are flat, fertile plains with strips of dense forest and wide river valleys. This region, known as the Terai, weathers under a sub-tropical monsoon climate. The people are quite mixed, consisting of those of Indian origin, the hill migrants and the indigenous natives called Tharus. Moving northwards, the terraced hills rise abruptly from the Terai and lie as a series of transverse ridges from elevations of 4,000 feet to the Himalayas. They harbour numerous small villages and, on the main pathways, bazaar towns of two to five thousand people. Most inhabitants of these communities are Mongoloid and their cheerful round faces are common to any picture of British Gurkha soldiers. In the highest and coldest foothills of the Himalayas live Sherpa communities.

The population of the country totals eleven and a half million in the hills and four and a half million in the Terai. Katmandu, the capital, lies in a large saucer-shaped valley fairly central to the country's four borders. The city and its seedling townships in the valley have grown to a present population of over half a million people.

Communications follow trading routes, which are from north to south and cut across this pattern of transverse regions. There is now little trade through to Tibet and Katmandu; the Terai and India attract most commercial activity. Considerable numbers of Nepalese now live and work in India, returning to the hills only during periods of seasonal unemployment. With the movement of peoples up and down these hill routes, tuberculosis has spread right through Nepal to the very snow line of the Himalayas.

The country is an agricultural one, self-sufficient and able to export some surpluses to India and Bangladesh. Urbanisation is considerable in Katmandu valley. A few other towns in the Terai have industrial processes, like jute-milling, sugar refining and light manufacturing enterprises, which have concentrated the local populations. Living in any community, big or small, concerns large

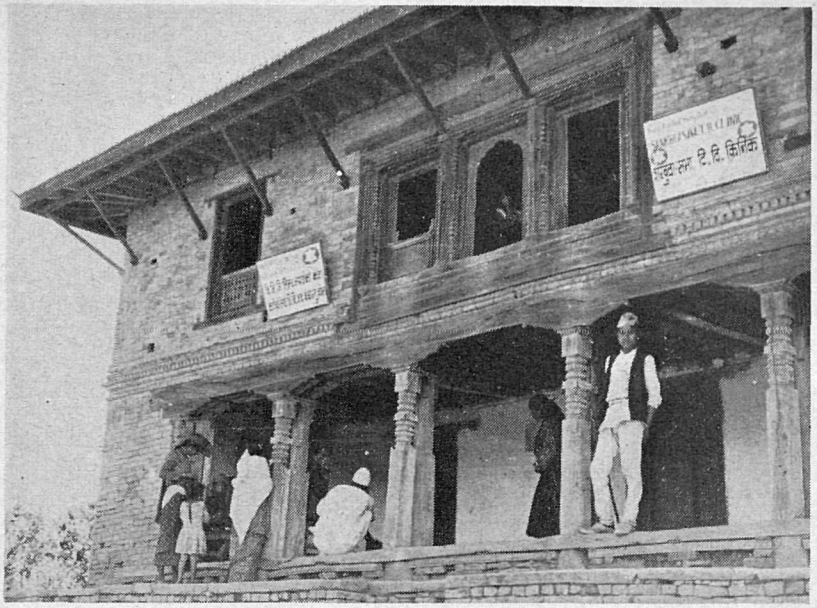
family units. Sons bring their wives to live in their parents' houses. Buildings range from huts of straw, mud and bamboo to houses of bricks and cement. Crowding is common with living traditionally taking place in one large room. Most of the population exists on a high carbohydrate, low protein diet, but primary malnutrition is uncommon.

The Nepalese, most of whom practise forms of Hinduism or Buddhism, tend to be fatalistic in their reaction to disease and resigned in their suffering. The advent of western style medicine is comprehended with difficulty. The majority of villages have traditional healers or *Dhamis* and the cult of herbal or ayuverdic medicine is widespread and given official recognition by the government. The expenditure on health by the government approximates to little over one English new penny per head of population per year. The country is under-doctored, with one medical graduate to every 30,000 of the population. Sadly, about three-quarters of these doctors work in Katmandu valley, so that the existing doctor-patient ratio in other areas is of the order of 1 : 125,000.

Against this background, tuberculosis is a major problem. No studies are available of the virulence of the bacillus or the actual vulnerability of the people. Apart from the factors already mentioned the spread of the disease is aided by the common practice of spitting, shared by men, women and children alike by what seems to be a behavioural habit apparently unrelated to excessive expectoration. Tobacco is grown locally and smoking is commonplace. The stimulus to cough is further enhanced by the use of wood fires in the enclosed living areas of the majority of dwellings.

All types of the disease are present, but pulmonary lesions are not unnaturally the most frequent. The form of the disease is appreciated differently in the various communities. Generally, it is known as *chhaya rog*, which, translated, implies the wasting disease. Persisting cough is the most common symptom, but the prevalence of smoking and bronchitis makes any screening procedures difficult. Except for the educated minorities, most patients seem to live with their symptoms for some months before their weakness and wasting prevent them working. Local curative measures, herbs and witchcraft, are usually resorted to before attempts are made to visit a doctor. This action is encouraged when a consultation may mean three or more days' walk through a hilly terrain. During the monsoon period paths are often disrupted and rivers too fast to cross. In other seasons the demands of their crops seem more vital than their suffering. A social stigma exists about tuberculosis, akin to that of leprosy, and acts as a further retarding factor. Husbands and sons come before wives and daughters, such is the family order in Nepal.

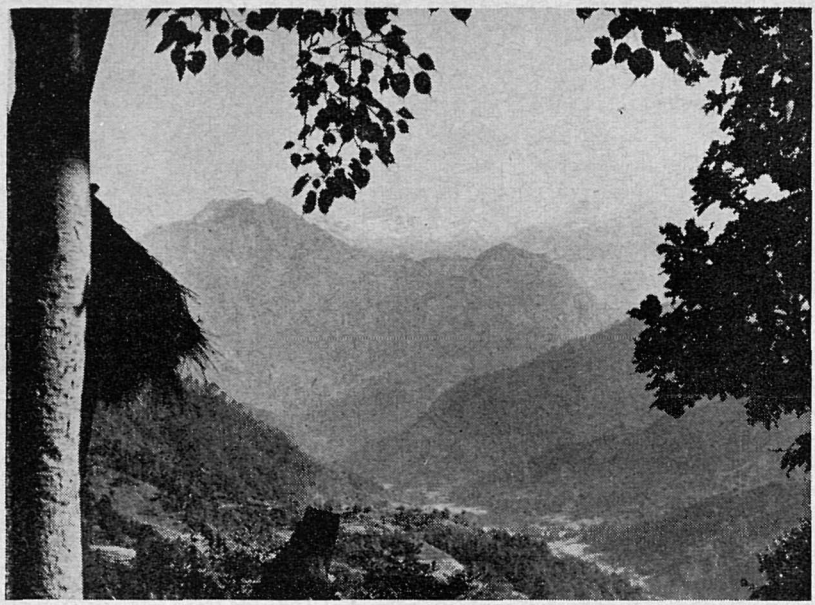
On presentation, the patient has a consumptive appearance which requires little further diagnostic skills. Confirmation is made by sputum smear staining and microscopy. Culture facilities are too difficut and X-rays expensive, even when equipment and electricity are available. Sputum negative cases may be referred to X-ray



The T.B. Clinic.

units. A cheaper and more practical approach is to give the patient a placebo and keep him under review. Concealed tuberculosis will usually become apparent with time and before marked morbidity.

With the diagnosis established, larger problems appear. It is not easy to explain to an illiterate Rai or Gurung hillsider the infective nature of his disease or the nature and length of therapy required for his cure. His life long custom of spitting where he wishes is not easily altered. The village medicine man will affect his *puja* in a few hours at a cost to the patient of a chicken or a pigeon and some rice, and bazaar chemists will readily oblige with a health-rendering vitamin injection. Two months of daily streptomycin injections and eighteen months of tablet ingestion is a strange undertaking. The shortened and intermittent regimes of therapy (Wallace Fox, *Bull. Int. Union Tub.* 47, 49) have little place where a visit to the clinic may mean twelve to twenty hours' walk and several ridges to cross. Disappointingly, some patients refuse the offer of free treatment, returning infected and infecting to their villages. Others stay around the clinic for their course of streptomycin injections, living in a hostel or lodgings, but when fever subsides and appetite and energy return, they too abscond. Death in a hostel threatens a mass exodus. The majority, fortunately, remain and a few become quite obsessive about their daily injection routine. Once sixty injections are completed, patients continue taking the combined isoniazid-thiacetazone tablets at their own homes with intermittent



The Himalayas

clinic checks. The fattening, smiling, formerly cadaverous patient returning to his village is our best publicity.

How many we cure is uncertain. We are unable to culture sputums. If we take as cured, those who obtain negative sputum smears and complete an eighteen-months' course of therapy, our current figures are 56 per cent. In comparison with figures published from East Africa, 76 per cent, and India, 64 per cent, for cure rates by sputum culture determination (Wallace Fox, *Bull, Int., Union Tub.* 47, 49) we may feel partial satisfaction in this more arduous terrain. With similarity to these countries we have a considerable defaulter problem of at least 25 per cent of those diagnosed. Our mortality rate is 6 per cent and unlikely to change much with the late presentation of so many cases.

Defaultion from therapy has many causes. Surprisingly, a study of 56 cases of defaulters from one clinic showed that defaultion was unrelated to distance from village to clinic, and occurred with even distribution throughout the period of treatment. Reasons for defaultion fell into two groups. In one defaultion was related to lack of understanding of the nature of treatment and in the other environmental and social causes like poverty, family size and agricultural subsistence predominated. Defaultion is both intermittent and permanent. Intermittent defaultion may lead to drug resistance. Even without defaultion, minor irregularities of drug-taking will threaten the

attainment of cure, although fortunately the patient may continue to produce drug sensitive organisms. (P. W. Kent *et al. Tubercle., Lond.*, (1970) 51, 24). Side effects are common especially from thiacetazone and these can bring about a rejection of therapy. Even switching to PAS, which increases the cost of treatment ninefold, and which requires the patient to swallow an uninvitingly large number of tablets, throws up other indesirable reactions. Massive exfoliative dermatitis and toxic death with agranulocytosis occurring in a small T.B. community, make their imprint on the physician's memory as well as that of the lay public. Some attempts at desensitisation have been successful, but the use of second line drugs is excluded by expense.

Probable resistant cases are already too common, especially in the towns. T.B. drugs, like all other medicines, are available over the bazaar counter without prescription. The urban population is learning that injections of streptomycin are associated with the treatment of tuberculosis and self-prescribing too often occurs. The combined penicillin-streptomycin injection is regarded as the cure for many ills. Sadly, many doctors underdose and underprescribe T.B. drugs and organise little by way of follow-up. Dying resistant tuberculosis cases are a pathetic sight.

It is unlikely that present curative services can eradicate or even control tuberculosis in Nepal. Prevention through BCG vaccination is available to a limited degree, although its application is by analogy to other countries and the true benefits to Nepal are unknown. The Trust has been conducting a mass vaccination campaign of under 18 year-olds in East Nepal delivering so far nearly 300,000 injections and achieving a 72 per cent coverage of the target population. Initial tuberculindel testing is not carried out. Our efforts have concentrated on delivery of vaccine rather than the more difficult and exhaustive studies of requirements and effect. Hopefully, BCG vaccination has a place and will diminish the community's susceptibility to tuberculosis and allow curative services to gain control.

This brief account of the work of a small aid organisation in tuberculosis in Nepal has needfully been descriptive rather than factual. Certainly, working for the individual patient can be rewarding. Our contribution at a community level is more difficult to gauge. For the future, UNICEF are supplying greater quantities of T.B. drugs and BCG vaccine. Major problems will remain for those responsible for the enactment of T.B. control and its reception by the public. Most local doctors are not yet able to comprehend the full implications of public health measures and disease eradication. How the West in general, or large international organisations like WHO can assist requires urgent but detailed and sensitive thinking, which at present is lacking. In a country where both healer and patient can be either mediaeval or modern in their concepts, trials—both humane and scientific—with tuberculosis will exist for many decades.

NURSING

One of the problems which constantly give exercise to the minds of more senior members of the nursing profession, is that of wastage, particularly that amongst students and those who are newly qualified.

Hypotheses abound as to why this occurs, and much is said and written about them. A recent survey showed that a very low percentage of those now working in hospital, anticipated that they would still be doing so in five years' time, for a variety of reasons, marriage being a prime one.

The doctors, of course, claim that the wastage is due to inadequate remuneration, and it is of course true that those who do not wish to become tutors or administrators, are given no encouragement whatsoever to remain. Experience is not nowadays considered to be a valuable attribute, and in fact in many instances appears to be scorned upon.

However, one does wonder if it is entirely the lack of money which causes the drift away. After all, students are aware prior to the commencement of their training, of the situation that exists, and the reason would appear to be something other than that.

A rather appropriate article in a recent edition of the nursing press, compared the reception of a student to university, with that of one to nursing, and the difference was very marked. At university, the "fresher" is encouraged to participate in the life of the college, and feels welcome. In hospital, the nurse receives very little welcome, and is regarded as another pair of hands. Few encourage her, or even make her feel that they are pleased to see her, and so disillusionment supervenes.

Very few hospitals appear to have any form of social club for their nurses, or even a bar to which they may take their friends. All they have is their room, which in many cases is of inferior standard, to which they may not take anyone. Surely it would help if there was a centre to which nurses could go. In teaching hospitals, they are of course a little more fortunate, since they are permitted to use the students' facilities, but even then not as full student members.

It seems unfortunate that no thought has been given to such schemes, and to the antagonists who would declare that it would never be a success, one's reply is that it is not possible to know until it has been tried.

Many individuals are genuinely concerned for the welfare of the nurses, but in the large conglomerates which now pose as hospitals, these attitudes do not, or cannot, filter through. Surely positive action, in an attempt to retain a few more people would be a worthwhile experiment, and possibly more effective than the uninteresting statistics which are published. The subsequent groaning and shaking of heads, is followed by a profound silence until the next paper is published. In the meantime, a few hundred more nurses have left the ranks never to return again.

Making Sexuality Human

A Medical Chaplaincy Meeting

This was the title of the second of the monthly evening talks held in the East Wing of the Medical School and sponsored by the Medical Chaplaincy to the University of London. The guest speaker was the Reverend Professor Norman Pittenger, now in retirement at King's College, Cambridge. The following is a summary of Professor Pittenger's talk :

"Human sexuality is the physiological-psychological grounding for the human capacity and desire for love. Man is a finite creature, compounded of body and mind, living with others of his race, and by no means a finished product. He is "becoming human"—a direction taken, rather than a goal attained. And the meaning of his existence, at least for a Christian's understanding, is growth towards and in love. Since God is Love, or the cosmic Lover, man is "made towards the image of God"—phrased thus to stress the fact that man is "on the move" towards fulfilment. To be moving that way is to be more and more a lover, with others and for others.

"By love, of course, sentimentality or merely an emotional state was not intended; rather mutuality, giving-and-receiving, a relationship in which one lives with and for others. Such a relationship requires a social context in which it may be expressed; this is why "no man is an island, entire unto himself", but closely integrated into a communal pattern. Personality and sociality, so to say, are the two sides of the same coin.

"A Christian must affirm that to realise or actualise manhood *is* to become a created or finite lover, whose fulfilled pattern is given us in the Man in whom God dwelt and through whom God worked, supremely and signally—in Jesus Christ. He must also affirm that in that Man there was released a power of love, and a power to love, which enable those who respond to him to grow in their loving, which is what the New Testament is getting at when it speaks of living "in Christ".

"But because man is an embodied, enfleshed, corporeal creature (as well as a rational, conational, and spiritual one), his loving must be grounded in something very real, very material, very 'earthy". And that something is his sexuality—its physiological aspect and equipment, its psychological tendency and drive, and its emotional pressure and desire. Thus sexuality is central to human nature as manhood becomes more fully actualised; it is not accidental nor incidental, but utterly essential to manhood. This is the insight of St. Augustine, despite his rather jaundiced attitude towards it, and of Sigmund Freud, both of whom recognised the role of the *libido* or sex in its broader sense.

"At the animal level, sexuality is primarily for the continuation of the species; it is a biological means for continuing the race, whether

of men or of beasts. Thus the physiological agency of sexuality is called "the reproductive system". But at the *human* level something different has emerged; human sexuality has its own distinctive quality which differentiates it from merely biological reproduction. In man sexuality is primarily for union in love, with the procreative aspect secondary (but not therefore unimportant, where procreation is desired and planned). This is why what in the animals, or biology, is "the reproductive system", in man is "the conjunctive system". The total physiological-psychological-emotional grounding *in man* is for, on behalf of, and expressive of, union or "conjunction" of lives.

"With this as background, we can go on to see that there are several ways in which this total sexuality may be worked out. For a very few there is "the celibate way", in which there is no overt genital expression, on the one hand, and no entire repression or destruction of sexuality, on the other. Instead there is a "rechannelling" (not "sublimation" since that can mean a pushing down of the drive so that it festers deep within) of explicit sexual genital activity into another mode—love and concern for other people and for God, such as we may see in truly holy and dedicated monks and nuns.

"For most people, however, the total sexuality which grounds their capacity for loving will be expressed in precisely genital ways, either heterosexual or homosexual. Auto erotic expression is taken to be either one stage in sexual development (as in the young) or a substitute for heterosexual or homosexual expression when that is not available or possible. Homosexual love was more difficult because of social conventions, inherited prejudice and the moralism of some types of Christian teaching. But *all* men want to love, to be loved, and to share love."

The next meeting is scheduled for 7.30 p.m. on 29th November, when the Rt. Reverend Hugh Montefiore, Bishop of Kingston, will speak in the East Wing on "Only One World: Ecology Today".

Health Students

"Health Students come together" is the byword of a new student organisation called the National Association of Health Students.

It emerged last February, when students from all branches of the health service were invited to a conference held at the Middlesex Hospital to discuss the inadequacies of not only their training and facilities, but also the way in which this was reflected in the rapidly degenerating health service.

The conference elected a National Co-ordinating Committee whose role was to stimulate local groups of N.A.H.S. in hospitals throughout the country. Like most germinal organisations they applied for grants from the various student organisations that already exist (B.M.S.A., N.A.P.S., N.U.S.) and rapidly mushroomed into a well run and efficient organisation albeit rather top heavy: the decisions and action coming from the central committee instead of the membership

There are approximately 120,000 health students (nurses, physiotherapists, medics, dentists, speech therapists, etc.), in the country each group of whom exist in splendid isolation from one another thus propagating their own peculiar cares of contentions.

These complaints are definitively laid out in a short pamphlet produced by N.A.H.S.

"Inappropriate education and training programmes, often exploited as a source of cheap labour; severe economic difficulties created by inadequate grants and low wages; shortage of hospital living space exacerbated by a current accommodation crisis; the deplorable absence of social and welfare facilities; resistance to granting effective representation on governing bodies".

This is not the place to argue at length on the pros and cons of these statements, but it is patently clear that these issues are real, and they are as true for Guy's as anywhere else. However the movement is not just based on self interest, for the N.A.H.S. has stated that they believe that the delivery of health care should be a team responsibility, which would radically improve patient care.

The key to establishing this ideal is to educate the professions to work as team members and to understand and respect the expertise of others". This begins with health students co-operating on an equal basis.

The organisation so far has about 5,000 members and given the inadequate means of communication that exist between most groups of health students it is inevitable that local groups will only grow slowly.

The teaching hospitals are in a unique position; the medics and dentists already have good union facilities and can thus more easily form local N.A.H.S. groups. So far, London local groups have been formed at the Middlesex, U.C.H., St. Mary's and George's. This by no means implies that any drastic change has occurred, it is merely an indication of support and agreement.

At Guy's a small group of students representing medics, dentists, physiotherapists, nurses and radiographers have formed an "association" named Guy's Association of Students (G.A.S.). They intend to build up a strong local group based on realistic issues affecting the students' everyday life. The first edition of their magazine is now in production *(Gasworks)* and it is hoped that it will provide a means of communication between the various student groups in the hospital. It is supplemented with a weekly broadsheet (Day by Day). It is also hoped to engage upon many co-operative enterprises, and our accommodation bureau for all Guy's students is already in embryonic existence.

Not until G.A.S. forms an effective and cohesive unit within Guy's will it be time to join N.A.H.S. and thus help to provide the basis of a national organisation. For more information contact T. Goulder, D. Fine (E. Wing), Miss B. Purcell (Nursing School) and Miss C. Hamilton (Physiotherapy School).

TIM GOULDER.

CORRESPONDENCE

The New Course in Basic Medical Sciences—A Reply

SIR,—Having almost completed our first term as experimentees in the new Basic Medical Sciences Course, we feel qualified to give our first impressions. The first reaction tended to the general misconception that "the second M.B. had been abolished", although this was soon changed when it was discovered that in the extended two-year course there were no less than 34½ hours of examinations, in a total of 33 separate exams, in all of which a "pass" is to be obtained. The end of the first term's examinations in Anatomy, Histology, Pathology, Pharmacology and Statistics, although it has been gleaned from a reliable source that the pass mark is "flexible".

Five new subjects have been introduced, of which Statistics is one. The idea of this, we are told, is to be able to understand the *B.M.J.* and *Lancet* when qualified! Unfortunately, much of the detail seems to be beyond the grasp of those without degrees in mathematics. The results should be interesting.

Genetics is another subject which, due to the lack of previous knowledge, has caused general difficulty. Ths is mainly because a basic understanding is assumed and the course is built around this. As a result, a large proportion of students have their genes in a twist.

As for Anatomy, all that can be said is that we would have appreciated an interesting eight-week anthropology course. What a shame we had a two-week course spread over eight weeks.

On entering the school this term, it was natural to want to learn "how to be a doctor". Provision for this natural desire is made on Friday afternoons, when "real, live" patients are brought before us, and, guided by the staff, tell us their problems, and answer our questions. Details of the cases are explained to us by representatives from the appropriate department, and since the cases dealt with relate to our studies, the clinical aspect of the subject is exposed. Although giving a false impression of how patients should be treated, the sessions remind us of the fact that we are destined to be doctors (we hope), and not pure scientists—a question which must have arisen in the mind of many an "old style" second M.B. student.

Overall, we are very pleased with the new course. It is appreciated that much trouble has gone into the synchronisation of Physiology, Pharmacology, Human Reproduction (embryology), and the clinical demonstration, so that a particular topic is approached from several different viewpoints, thus leading to a better understanding of the subject.

East Wing,
Guy's Hospital.

NICHOLAS BARRIE.

SIR,—If, during our studentship, your correspondent Mr. Sheeran had condescended to visit the Pavy gymnasium whilst fencing was in progress, he would have seen me there quite often. Fencing is an athletic pastime which stimulates the wits without stupifying the senses. May I commend it to Mr. Sheeran?

Mr. Sheeran seems a little sensitive (should I say "touche"?) on the subject of the L.D.S. He need not be. The late Professor Martin Rushton defended it vigorously as a primary qualification which he was very glad to have.

However, if extenuation of our modest achievement must be sought may I plead that, at the age of over 30, I abandoned a successful career in a lucrative profession in order to take up something with medical interest.

Yours faithfully,

A. H. Stocker.

Keats House,
(Private Dentists' Wing)
Harlow, Essex.
CM18 6LY.

SPORT

BOAT CLUB

The United Hospitals Regatta

The U.H. Regatta was held on Wednesday, 24th November, in conditions which could have hardly been bettered. There was very little wind to disturb the water and the course from "The Ship" to the boathouse was abnormally smooth throughout the day.

Unfortunately the achievements of the Boat Club, as a whole, did not match up to the excellent conditions.

The Junior IV was beaten in the first heat by the London Hospital IV. There was not much doubt of the result after the first minute. The next disappointment was the early elimination of our Junior VIII—again by the London Hospital. This was a closer race in which our crew were good as far as skill went but they sadly lacked stamina. It must be said, though not as an excuse, that the London Hospital Boat Club is showing a new surge of interest in rowing.

The Novice IV rowed very well and easily made their way to the final. There they were the victims of judicial inconsistency. Bart's, having been "disqualified" for rowing into our IV, were later given a re-row which won them the race.

Dave Wright made his way to the final of the Open Sculls only to be beaten by the Royal Vets. Pat Bolton was also beaten in the final of the Novice Sculls by Bart's. Neither the double sculls nor the pair had any success despite spirited rows.

Our Open IVs entry did bring success to the club. The crew rowed through the semi-finals beating Bart's by two lengths. The final was not so easy, it was held in the evening light, on a low tide, with St. Thomas's as the opposition. However, after a very close and competitive race, Guy's won by a quarter of a length.

The day's rowing for Guy's as a whole was not successful. We do not lack skill in the Boat Club but what we do lack is training and enthusiasm. It is the "middle-men" of the club that are mostly at fault. The novices have been keen and trained regularly and deserved some reward from the races. The more senior members of the club seem to be able to manage on very little pre-race training—such is their expertise. Those of us who fall between these two lack the desire to train and unfortunately do not have the skill to compensate for this. We must not expect eight people, who are brought together just before the race, to be able to win. We need to train hard next term.

Crews :

Open IV—D. Wright, M. J. Gleeson, R. Pinckney, A. Chivers.

Junior IV—G. Vevers, S. Durham, P. Saunderson, W. Drane, H. M. Attenborough (cox).

Novice IV—A. Dighe, D. Williams, J. Hancock, J. Beard, H. M. Attenborough (cox).

Junior VIII—T. Palmer, G. Vevers, S. Caswell, S. Durham, P. Saunderson, N. Drane, P. Rosie, P. Bolton, H. M. Attenborough (cox).

Novice Sculls—P. Bolton.

Open Sculls—D. Wright.

Double Sculls—P. Bolton, D. Wright.

Pairs—M. Gleeson, A. Chivers.

Guy's 1st XI vs. Teddington 2nd XI

Result: 1—1 Draw.

Guy's retained their unbeaten record of this season, against a very strong opposition. The game was an extremely enjoyable one, with Guy's playing some very promising hockey.

Teddington, having obtained a substantial victory against us last year, were out to repeat the performance on our ground. They were unsuccessful for several reasons. Firstly, Guy's were playing more as a team than on previous occasions. Secondly, we maintained a running game throughout the match and certainly looked fitter than Teddington in the second half. Thirdly, Teddington's skilful individual players had difficulty in adapting to a pitch soaked by overnight rain.

Teddington were awarded several short corners but were unable to score. Our only short corner was awarded as the half-time whistle blew.

An unlucky bounce gave the Teddington winger the chance they needed and with only ten minutes left we were 1—0 down. We went straight back into the attack. With only three minutes left R. Forber scored after a deflection from a defender's leg, following a good cross from J. Horton.

I would like to take this opportunity to thank the ground staff at H.O.P. for their work on the hockey pitch this season. There is a distinct improvement over last year, with the continuous attention it is receiving. we can hope for an even better surface during this season and certainly by the next.

Team: G. Sparrow (capt.), P. Nicol, M. Selley, J. Cottingham, C. Hendy, J. Clark, P. Duckworth, J. Horton, R. Forber, J. Vafidis, T. Bayliss.

Guy's 2nd XI vs. H.A.C.O.

Played at H.O.P. on Saturday, 27th October, 1973

"Though victory fruit of skill or fortune be,
To conquer always is a glorious thing."
(O.F. Ariosto Canto XV)

This day was indeed "glorious". It saw the first victory of the season for the 2nd XI and indeed what might be the first ever recorded for the 3rd XI. Unfortunately the 1st XI lost.

This fixture is always an enjoyable one. H.A.C. are a splendid lot of chaps who enjoy good, open hockey; however, as last year, luck was not on their side.

The Guy's goal came after 25 minutes from an unrehearsed move. Clive Handler (enjoying his first game so far this season) cleared a ball out of defence to Tim Bayliss. (This was Tim's first game for the 2nd XI as Steven Flint had been temporarily (we hope) promoted to the 1st XI.) The ball was swept out to Andrew Harris on the right wing ,who passed to Zecum Ramchameluni. The shot, between the keeper's legs, was his first for the club and we wish him many more. It proved to be decisive.

H.A.C. had several good chances in this half. Oliver Duke calmly cleared one across the face of the goal and Steve Martin, our very promising goalkeeper, back-heeled another shot, arising from a short corner, behind the goal.

The Guy's defence admitted they had a rather scrappy game compared with their excellent performance the week before. Too often, poor stopping and passing, resulting from lack of confidence and concentration, made their job look a lot harder than it actually was. Dave Cole had a miserable first half (possibly due to an overindulgent night before) but fortunately asserted a midfield presence in the second half.

The second half was a keenly contested affair. H.A.C. clearly wanted an equaliser but Guy's hung on bravely and sensibly. Steve Martin pulled out a spectacular save from one of the many short corners the opposition forced. Anticipating a shot to his right, he suddenly had to change direction and lunge to the left in order to stop a ball apparently destined for the bottom left hand corner of the goal.

Guy's did have a few more chances but some of these were wasted as Zecum held the ball too long. Disciplined passing at this level of hockey can be devastating. In any case, the pitch, even after the close-season's costly treatment of top soil, was deceptively bouncy. One break nearly saw another home goal. Clive Handler struck a long ball upfield to Ian Bayliss who, after passing two defenders, gave a reverse pass back to his donor. The shot was just wide.

The final whistle, blown by Colin Hunter-Craig, produced a feeling of relief mixed with jubilation for the conquering men of blue and gold.

Team: S. Martin, O. Duke, N. Jones, R. Hannaford (capt.), D. Cole, N. Plowman, A. Harris, T. Ramchamdani, I. Bayliss, C. Handler, M. Patel.

C.E.H.

Teddington 3rd XI 3 Guy's 2nd XI 2

played at Teddington on Saturday, 20th October, 1973.

It was generally agreed that the 2nd XI had not played so well for some time. Teddington are a good London League club and are well respected even down to their 3rd XI. The previous Wednesday, a similar Guy's 2nd XI team had beaten the 1st XI and consequently they started the game confidently.

The Hospital opened the scoring through Bob Hannaford with a penalty corner. This was only their second chance of the game, the first involving a promising five-man move which broke down on the edge of the circle.

Teddington exploited the direct route to goal and finally were rewarded with a rather scrappy goal just before the half-time whistle.

The second half saw good defensive play from Guy's. Nick Plowman in his first game of the season soon "came to grips" with the surface of the all-weather pitch and more or less sealed off the left flank. Similarly good covering and tackling by Nigel Jones and Oliver Duke (two freshmen), thwarted some potentially good midfield play by the unpleasantly dominant Teddington centre-half. Teddington did however, score soon after the restart with a disputed goal. The Guy's defence were quite convinced that the ball had been struck from outside the circle; there was hardly a protest, just a few respectful appealing looks to the strict and aggressive Teddington umpire. This goal proved to be a major factor in the consequent change of attitude of the Guy's team.

Life (so it is said) is not totally unfair and another beautifully struck penalty corner by the Guy's captain brought his team level.

The last fifteen minutes of the game did, however, belong to Teddington and they scored again through a soft goal that even Steven Martin admitted should have been saved. He had already brought off two or three superb saves and thus had a lot of sympathy from his team mates.

I hope we see the Guy's 2nd XI playing to their potential. The captain, Bob Hannaford, has some ideas on the type of team he would like. He can draw on several promising freshmen, and good matches with a satisfactory result is the least his team deserve.

C.E.H.

Team: S. Martin, N. Jones, O. Duke, R. Hannaford, D. Cole, N. Plowman, S. Blowers, T. Ramehandani, S. Flint, C. Handler, M. Clapham.

SOCCER

Wimbledon 2nd XI 4 Guy's 1

Strangely enough this match, only our second defeat of the season raised fewer questions about our tactical approach to the game than some of our previous games of which the scores were more pleasing. Wimbledon, fielding a sprinkling of borderline and ex-1st XI players and on this occasion the England squad goalkeeper were a skilful and well-drilled side and to only concede 4 goals, 2 in the last five minutes is far from disgraceful.

From the start we defended resolutely and did our fair share of attacking. However, about mid way through the first half we found ourselves one goal down, and proceeded to apply concerted pressure on the Wimbledon defence. A short corner was duly won and it was gratifying to see after so many being wasted earlier in the term that this was executed well, Sparrow's shot being good and hard and the follow-up harassment effective in forcing the 'keeper to obstruct. From the penalty spot Nicol succeeded in sending the 'keeper and the flick in opposite directions and the scores were levelled.

For the rest of the first half and most of the second the pattern continued, the defence stoutly depriving the opposition forwards and the rest of the side working hard against a very tight Wimbledon midfield and back line. Despite our work which forced the goalkeeper occasionally to produce some superb saves, the rest of the scoring, unfortunately fell to Wimbledon. While defeat was never a foregone conclusion in this game there was little to reproach ourselves for. Hopefully we will maintain the same degree of "hockey sense" and concentration against lesser sides and then the scores will speak for themselves.

J.A.V.

Team: J. Cottingham, J. Clark, G. Sparrow, P. Duckworth, M. Selley, P. Nicol, J. Horton, C. Crawshaw, J. Vafidis, R. Forber, C. Hendy.

RUGBY

GUY'S 1st XI vs. IPSWICH

Sat. 3rd Nov. 1973. At H.O.P.

Result: 21—10 victory.

Guy's took the field for this game without a win in five matches. After reasonable performances in defeat against good opposition, it was important to secure a victory against our new and relatively weaker visitors.

Guy's began well, and after a forward rush, Ipswich were offside at the ruck, and Fitton opened the scoring with a penalty. Shortly afterwards, a neat kick ahead by Moore was seized on by Harker whose speed took him almost unopposed to score near the posts. Fitton converted.

Guy's failed to maintain superiority after this, the best start to the season and allowed the opposition to dominate the next twenty minutes during which they scored an unconverted try. Then just before half time a good passing move allowed Portelly to cross for the second try, Fitton again converting.

The second half was fairly even, with Guy's pressing more strongly towards the finish. From a five-yard scrum the ball was worked out to Fitton, who, given the half break, rounded off a fine performance by scoring under the posts, leaving himself the easiest of conversions.

Ipswich completed the scoring with a goal, following an inopportune kick to their right wing who galloped over with great ease.

Everyone was pleased with the overdue victory, and satisfied with the team's performance.

Team: M. Danford (capt); C. McLauchlin: J. Harker, R. Fitton, A. Portelly, R. Moore, M. S. Phillips, R. Massey, R. Cording, C. Sherman, B. Hagan, J. Fitzgerald-Frazer, J. Brazen, L. Hughes, P. Meakins.

M.S.P.

BEERS XV: SEASON REPORT

Played 6; Lost 2, Drawn 1, Won 3. Points For 113, Against 54.

Contrary to evil rumours, probably started by other social sides, the Captain had not left the Hospital for good, but was on a biochemical summer vacation. Consequently the Beers did not start the season until mid October.

20.10.73. vs. BECKENHAM EXTRA B. Lost 4—14.

After a training session in the Grapes the side set off for Elmers End and arrived 10 minutes before the kick-off. However, Lindsey kept the Beers tradition of arriving late, but made up for it by scoring our only try. The lads took the defeat badly and all decided to drown their sorrows in the usual way.

27.10.73. vs. CIVIL SERVICE IV. Lost 3—8.

The team went to Chiswick under the captaincy of the Goodship Lollipop. Although train times were given, some members managed to arrive late "after a training session at Waterloo." Dai George did us good service by getting one over.

3.11.73. vs. OLD CITIZENS B. Drawn 24—24.

With three Welshmen in the side everything pointed to a change in our luck and a new style of Rugby was played. Unfortunately the rest of the side couldn't understand them, nor keep up with our guest player Mike. John couldn't keep up with the time either and arrived very late. A draw was a very fair result and we drew a pint or nine in the very pleasant club house after the game.

10.11.73. vs. OLD BROCKLEIANS V. Won 22—4.

For this game we had an open day and welcomed visitors from the Artists, John Pearson and Pete Nightingale, and eviction orders were nearly served on two Boat Club members, who agreed to play. Andy Chivers tested our defences by clearing the ball over our line "for a corner", which rather tried Rod's speed as our Scrum-Back. However, Andy was very useful at rescuing the ball from the nearby stream. Trevor Barnes, who wanted to find out what really went on in the Rugby Club, went over in the corner but the referee put his oar in and disallowed the try. Steve decided that the forwards should do all the scoring and went over twice, taking most of the opposition with him. John Ayres terrified the opposition as a Centurion Tank—Wing Forward with Spitfire tendencies. Chris was late this time.

Our first win was celebrated with joyful singing which died with lack of enthusiasm since our changing room key was lost. The Captain was lent a dubious pewter pot to drink from and the team left him with two small jugs to finish.

17.11.73. vs. THE STANDARD BANK 1st. Won 12—4.

This morning fixture was too early for Keith who got lost under the Thames, but arrived strategically late. Alan kept the forward scoring rate by going over twice. Chris Ellis didn't even get cold, playing Full-Back. Nick Allen made a fantastic opening just in front of the line, but Peter dropped the ball.

24.11.73. vs. OLD BECCEHAMIANS IV. Won 48—0.

Alan was late in arriving at the bottom of Corkscrew Hill. The side was in a scoring mood; we won the toss for the first time this season and corked uphill. John Grace celebrated his return to the side with a beautiful cross-kick and the scoring riot was on. Lindsey went over twice, trying to catch Alan's total. Tim, Alan, Chris, Dai George, Nick and John also scored. Rod ran the whole length of the field to score a magnificent try. The wind was behind Dai and he put six over, regardless of angle. Peter was in position three times, but no one would pass him the ball in case he dropped it.

Although we won comfortably, both hookers were warned by the referee that they were dicing with death.

Training will continue in the Bar from Monday to Friday at 5.00 p.m.

The following have played so far this season, with points scored in brackets.

Alan Collett (16)
Steve Challacombe (16)
Chris Bevis (8)
Tim Goodship (4)
Mike (4)
Geoff Bergman (4)
Keith Foote
John Ayres
Dave Entwistle
Nick Allen
Peter Tillman (nearly)
Dai George Lewis (29)
Lindsey Pritchett (12)
Pete Burroughs (4)
Nick Nicholas (4)
Bob Armstrong (4)
John Grace (4)
Rod Pascoe (4)
Richard Nicholas
Chris Kingswood
Chris Ellis
James Pain
Andy Chivers (1½ lengths)
Trevor Barnes (9 pints)
Pete Nightingale
John Pearson
Terry Ryan
Dave Hampson
Chris Kinchin
Rudy Bilous
Steve Humphries
John Southgate

HOSPITAL INFORMATION

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Registrar** in Diagnostic Radiology with duties to commence on 1st January, 1974, until 30th September, 1974, in the first instance. Applicants should hold the D.M.R.D., and a higher medical or surgical qualification would be an advantage.

Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **16th December, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Locum Registrar in Obstetrics and Gynaecology required as soon as possible for an indefinite period.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **16th December, 1973.**

BOARD OF GOVERNORS OF GUY'S HOSPITAL AND THE SOUTH EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar** in Orthopaedic Surgery to Guy's Hospital and the South East Metropolitan Regional Hospital Board. The post will be vacant from 1st February, 1974, and the successful applicant will work at Guy's until 30th September, when he will commence a four-year rotational training programme starting on 1st October, 1974. The rotational programme includes two years at Guy's Hospital and one year at Hastings and one at Lewisham Hospital management committees.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **20th December, 1973.**

HOUSE APPOINTMENTS

1st December, 1973

House Physicians

Dr. Mann, Dr. Scott, Dr. Clark and Dr. Grahame. — Mr. K. R. Daniels. *3 months*; Mr. D. J. Jones. *6 months*

Dr. Hardwick, Professor Trounce, Dr. Cameron and Dr. Ogg. — Mr. R. G. Dent. *3 months*; Mr. C. B. Morris. *6 months*

Dr. Houston, Dr. Knight, Dr. Deuchar and Dr. Grimble. — Mr. P. J. Rees. *3 months*; Mr. S. J. Doyle. *6 months*

Professor Lessof, Dr. Joiner, Dr. Burry and Dr. Sowton. — Mr. C. M. C. Allen. *3 months*; Mr. P. M. Mowschenson. *6 months*; Mr. A. J. Hall. *6 months*

House Surgeons

Mr. Blackburn, Mr. Maynard and Mr. Ellis. — Mr. J. N. L. Simson. *3 months*; Miss T. J. L. Richards. *6 months*

Mr. Lawrie, Mr. Beard and Dr. Wayte. — Mr. P. T. Calvert. *3 months*; Mr. J. A. Dick. *6 months*

Mr. Glover, Mr. O'Flynn and Mr. McArthur. — Mr. M. J. Timmons. *3 months*; Mr. R. K. Green. *6 months*

Professor McColl, Mr. Rendall and Mr. Bewick. — Mr. D. B. O'Keeffe. *3 months*; Miss P. M. Curran. *6 months*

Gynaecological House Surgeon

Miss J. M. Kirkwood. *3 months* — Mr. F. P. Jackson. *6 months*

Throat and Ear House Surgeons

Mr. A. E. Brown. *3 months* — Vacancy. *6 months*

Orthopaedic House Surgeons

Mr. T. P. Cutler. *3 months* — Mr. P. J. Loxton. *3 months*

Miss B. J. Way. *3 months*

Genito-Urinary House Surgeons

Mr. D. M. G. Goodrich. *3 months* — Mr. W. R. Yetton. *6 months*

S.H.O. to the Renal and Transplant Unit

Mr. L. K. Jackson. *3 months* — Mr. R. Werb. *6 months*

Children's House Physician

Miss A. Garnons Williams. *3 months* — Mr. H. A. Sowerby. *6 months*

Casualty Officers

Mr. S. M. A. Babar. *3 months* — Mr. A. J. Prisk. *3 months*

Mr. A. N. Johns. *3 months* — Mr. A. Dryden. *6 months*

Vacancy. *6 months* — Vacancy. *6 months*

Resident Obstetrician

Mr. J. C. Davies. *3 months* — Mr. P. L. McEvoy. *6 months*

Neurological House Physician

Mr. P. R. Powell-Jackson. — *3 months*

Dermatological House Physician

Mr. J. A. Dalziel. *3 months*

House Physician in Child Psychiatry

Miss R. Greig. — *6 months*

House Surgeon to the Thoracic Unit

Mr. R. Stanbridge. Until 31.1.74 (Locum) — Mr. A. James. *6 months*

House Physicians in the Department of Psychological Medicine

Mr. R. R. N. Carvalho. *3 months* — Mr. K. E. Le Fevre. *3 months*

Mr. W. R. Smith. *3 months*

Resident Anaesthetists

Mr. D. I. Ismail. *3 months* — Mr. C. Thiagarajah. *3 months*

Mr. M. L. Nancekievill. *6 months* — Miss E. Zachariah. *6 months*

Senior House Officers to Nuffield House

Mr. A. R. Sutherland. *3 months*
Mr. E. Evans. *6 months*

Children's House Physicians at the Evelina Hospital

Mr. C. H. Collis. from 1.8.73-31.1.74
Mr. D. F. M. Thomas. from 1.10.73-30.3.74
Miss S. Cant. from 1.12.73-31.5.74

Casualty Officers at the Evelina Hospital (Part-time)

Mrs. V. Wass. *3 months*
Mrs. M. Victor-Beza. *6 months*

ST. OLAVE'S HOSPITAL

House Physicians

Mr. D. J. Atherton. *3 months*
Mr. N. J. B. Barnard. *6 months*

House Surgeons

Mr. D. R. D. McD. Campbell. *3 months*
Mr. B. J. M. Jones. *6 months*

Gynaecological House Surgeon

Mr. A. K. Bhattacharrya. *3 months*

S.H.O. in Psychiatry

Mr. P. Kulhara. *3 months*

NEW CROSS HOSPITAL

House Physicians in General Medicine, with Geriatrics and Rheumatology

Mr. J. F. Grace. *3 months*
Miss S. J. Brown. *3 months*
Mr. W. A. C. McAllister. *6 months*
Mr. T. R. E. Barnes. *6 months*

Orthopaedic House Surgeon—see under Guy's S.H.O. to the Rehabilitation Unit

Mr. C. Hortas. *3 months*

BECKENHAM HOSPITAL

House Physician

Mr. W. J. F. Fitzpatrick. *3 months*

House Surgeon

Mr. R. Burlinson. *3 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Bassadone

Mr. S. Hanley. *3 months*

House Physician to Dr. Elliot, Dr. Colover and Dermatology

Mr. B. J. Holdsworth. *3 months*

House Physician to Dr. Malinson

Mr. G. S. Clark. *6 months*

House Surgeon to Mr. Williams and Mr. Park

Mr. N. J. Allen. *3 months*

House Surgeon to Mr. Williams, Mr. Park, Mr. Eldin and Mr. Candy

Mr. N. P. Byron. *6 months*

House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf

Mr. W. H. Konarzewski. *6 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases

Mr. B. H. Boyle. *3 months*
Miss P. S. J. Birch. *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price

Mr. R. G. James. *6 months*

House Physician to Dr. Roberts

Mr. H. W. Holiday. *6 months*

House Physician to Dr. Llewellyn-Smith

Mr. K. G. Nicholson. *3 months*

House Surgeon to Mr. Lynn Evans

Mr. P. Ranger. *6 months*

House Surgeon to Mr. Ivo-Smith

Mr. S. Ng Tang Fui. *6 months*

House Surgeon to Mr. Monty

Miss A. M. M. Evans. *6 months*

House Surgeon to Mr. Le Brun

Mr. J. S. Strang. *3 months*

House Surgeon to Mr. Cavendish

Mr. D. J. Palin. *3 months*

MILLER HOSPITAL

House Surgeon to Dr. Hartley, Dr. Bassadone and Dr. Mallinson

Mr. M. Mace. *3 months*
Mr. H. D. Fuller. *6 months*

House Surgeon to Mr. Candy and Mr. Eldin

Mr. J. P. Monson. *3 months*

House Surgeon to Mr. W. R. O'Flynn

Vacancy. *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Walker-Brash, and E.N.T.

Vacancy. *6 months*

House Surgeon to Mr. Walker-Brash and Mr. Lam

Vacancy. *6 months*

House Surgeon to Mr. Boxall and Mr. Lam

Vacancy. *6 months*

House Surgeon to Mr. Boxall and Miss Austin

Vacancy. *6 months* from 18.12.73

PEMBURY HOSPITAL

House Surgeon

Mr. R. E. Clifford-Jones. *3 months*
Vacancy. *6 months*

House Physicians

Mr. P. M. Boyce. *3 months*
Mr. A. J. Pickup. *6 months*
Mr. P. A. F. Hewish. *6 months*

ST. HELEN'S HOSPITAL, HASTINGS

House Physicians

Mr. R. J. Wilson. *3 months*
Vacancy. *6 months*

ST. NICHOLAS HOSPITAL

House Physician to Dr. Scott

Mr. J. L. Ogle. *6 months*

P. J. Helliwell,
Superintendent.

PAPERS BY GUY'S MEN

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BIRTH

John and Sally Rawlinson have a daughter, Katherine, born on 26th October, in Aberdeen.

CHANGES OF ADDRESS

Malcolm and Christine Bailey have moved to Flat 9, 20 Auckland Hill, West Norwood, London, S.E.27.

Mr. and Mrs. Patrick Beasley, 21 St. Leonard's Road, Exeter, Devon. Phone: 0392-72919.

Dr. T. A. P. Clarke, Fine Oak Cottage, Newton St. Cyres, Exeter, EX5 5AA. Tel.: Newton St. Cyres 330.

Dr. L. R. L. Edwards, 22 Shoreham Lane, Riverhead, Sevenoaks, Kent.

J. W. H. Jones Esq., L.D.S., R.C.S., "Batchelors Cottage", High Halden, Ashford, Kent, TN26 3JD. Tel. : 023-385-280.

PERSONAL

ASSISTANT dental surgeon required by large affable Guy's practice in Putney. Excellent opportunity to acquire wide clinical experience in all aspects of dentistry and capital prior to starting own practice. Please phone 788 0410.

GUILDFORD. Town house, 3 bedrooms, integral garage, central heating, double glazing. Fittings and carpets. Attracitve garden backing on Surrey University. Waterloo 36 mins. £13,500. Tel.: 048-361-448.

GUY'S DOCTOR—Flat for Sale. Ground floor luxury flat recently built Forest Hill. 12 minutes from London Bridge. Hall, spacious lounge-dining room. 2 good-sized bedrooms, fitted cupboards. Bathroom and tolet, modern kitchen. Garage. Night storage heaters. Price £12,750 o.n.o. Tel.: 228 8456 6—9 p.m.

SMALL unfurnished flat wanted for mature business lady. Reasonable rent. Permanent let. Kent area preferred. Close to London. Farnborough (Kent) 58530 evenings, 01-407 7600 Ex. 357 daytime.

GUY'S HOSPITAL GAZETTE

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FORTNIGHTLY TWELVE PENCE VOLUME 87 NUMBER 2247

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

On 31st December, Guy's Hospital Students' Club and the Guy's Hospital Clubs' Union are to merge. The resulting body will be solely responsible for student affairs and represents the greatest change in student politics for many years. We sincerely hope that everyone at Guy's will take the maximum advantage of the change and participate to the fullest. Without student participation the constitution will fail—with it everyone can have a real and powerful voice.

The structure for elections in the new union allows the ordinary student to stand on the important committee's and council places with no particular prior eligibility.

The council organises the day-to-day running of the union, and as such encompasses all aspects of the union although cleary it is the onus of the council to provide representation of student views and the spearhead of student policies.

The standing committees relate to specific facets of the union activities. Thus, if a student is especially interested in running the "Bar" he can stand for election to the "Bar Committee."

All the committees and the council are responsible to the Union General Meetings (which all students should come to) but probably the committees will formulate and investigate policy and then put it to the Union for ratification.

Only the student President and Vice President are elected by general ballot; all other posts are decided at the Annual General Meeting by a ballot count of those present.

The staff members will be nominated before the A.G.M. but their actual post on the Union Council will be decided by the A.G.M. The following page indicates the posts available and gives the election timetable.

In conclusion our thanks go to Mr. E. D. Morris, who has chaired the Clubs' Union for so long, to Mr. D. G. Bompas, Dr. Colin Hunter-Craig, Dr. D. J. Jones and Mr. T. Goulder, all of whom have worked extremely hard in implementing the new constitution.

Procedure for Elections

There are nineteen members of the Union Council. Of these, thirteen are "Union Officers", i.e. they administrate the Union affairs whilst the other six members are representatives.

The Union Officers are :

STAFF

Chairman Vice-Chairman Senior Treasurer
(Appointed by School Council but elected at A.G.M.)
Senior Secretary
(Elected at A.G.M. from two members of Junior Staff)
President Vice-President
(Elected by ballot before A.G.M.)

STUDENTS

Junior Secretary Junior Treasurer Social Secretary Bar Secretary
Ordinary Member Two Pre-Clincal Members
(Elected at A.G.M.)

The other six members of the Union Council are :

Secretary Athletic Clubs' Committee.
Secretary Non-Athletic Clubs' Committee.
School Secretary.
Other Junior Member of Staff.
Student Medical Education Committee Representative.
Dental Society Committee Representative.

All these posts are automatically filled.

Invitations for nominations of Union Officers will be called one month before the A.G.M. and will close seven days after the notice has gone up in the case ofthe President and Vice-President, and eight days before the A.G.M. in respect of the other posts.

The Union will have six standing committees :

Finance.
Entertainments.
Bar.
Book Exchange.
Athletic Clubs.
Non-Athletic Clubs.

At the A.G.M. students will be elected from the floor to sit on the first four of these committees, as follows:

Two students for the Finance Committee (N.B. One will be appointed for one year and one for two years, to be decided by lot), three students for the Entertainments Committee, one student for the Bar Committee, three students for the Book Exchange Committee.

These posts are additional to those Union Officers who are ex-officio members of any of these committees.

All elections at the A.G.M. will be preceded by a short hustings speech by the proposed candidates.

Election Timetable

DATES	
Wednesday, 2nd January	Notice of Elections (not less than 28 days before A.G.M.—Rule 28).
Monday, 7th January	Spring Term begins.
Wednesday, 9th January	Nominations for President and Vice-President close (7 days after notice—Rule 31).
Tuesday, 15th January	Ballot for President and Vice-President (within 7 days of 9th January—Rule 32).
Wednesday, 23rd January	Nominations close for Junior Secretary, Junior Treasurer, Social Secretary, Bar Secretary, Ordinary Member, Pre-Clinical Member (Medical), Pre-Clinical Member (Dental) (8 days before A.G.M.—Rule 31).
Thursday, 31st January at 1 p.m.	**Annual General Meeting** in the Physiology Lecture Theatre.

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NEWS IN BRIEF

Arrangements for meals on Christmas Day

The Staff Restaurant in the Nurses' Room will be closed after breakfast on Christmas Day. Meals will be provided on the wards for all Medical Staff who are resident.

Dr. E. S. Foote

It is with deep regret that we announce the death of Dr. E. S. Foote, Senior Consultant Psychiatrist, on Monday, 19th November, at the Dorset County Hospital, after a short illness.

Guy's Hospital Reports

Vol. 121, No. 4, 1972

Vol. 121, No. 4, 1972, has now been published. The contents are as follows :

The Prevention of Handicaps. The Gavin Livingston Memorial Lecture. R. C. MacKeith.

Studies of the Gastric Mucosal Barrier—Its Relevance to Clinical Gastric Disease. William Silen.

Nutritional Aspects of Arterial Disease. Ian Macdonald.

Haemodynamic and Respiratory Studies in Peripheral Arterio-Venous Fistula. N. Gazetopoulos, G. Paraskevas, J. Papadimitriou and K. Tountas.

High Frequency of Arrhythmias associated with an Electrocardiographic Sign of Acute Myocardial Infarcation. M. Afzal Mir.

Plasma Enzyme Changes following insertion of temporary Transvenous Pacemakers, and other procedures Affecting the Heart. G. D. Schott.

Toxocaral Antibody in nine Asthmatic Patients. T. S. Brown.

Suspected Child Abuse: Experience in Guy's Hospital. S. P. B. Donnan and P. M. Duckworth.

Psychiatric Symptom Patterns in Epileptics in a Mental Hospital. K. F. Standage.

The Development of Clinical Thermometry. Lord Brock.

One Hundred Years Ago. Recent additions made to the Hospital Buildings. J. C. Steele.

Survival after a "Hangman's Fracture". R. S. Maurice-Williams.

A Predictable Case of Endometrial Carcinoma. T. M. Coltart, D. J. Scott, D. R. Turner and Joyce Vale.

Orders for separate copies of this number, or for annual subscriptions to The Reports, should be sent, accompanied by an appropriate remittance to the Honorary Treasurer, Guy's Hospital Reports, Guy's Hospital Medical School, London, S.E.1.

The special rate for Guy's men is: Annual Subscription £3.15.

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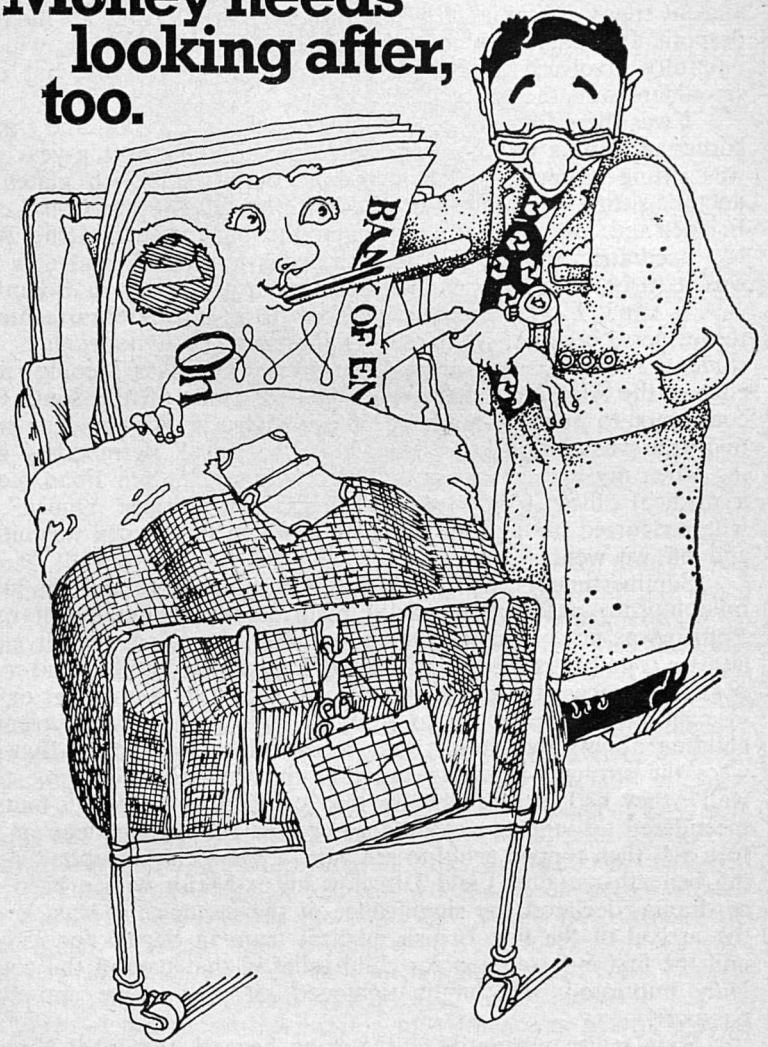

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A Year in the Yemen

Dr. J. Rawlinson

At the tip of the Arabian peninsula is the Yemen. Sheba of ancient times, "Arabia felix", it has freed itself from a feudal and despotic Imamate only in the last decade. Its civil war, which so painfully involved the British in Aden, ended in 1969, but unrest smoulders still; the peace is temporary.

I was there for a year, and my presence in this odd and troubled corner of Arabia requires some explanation. Just over a year ago I was sitting amongst the tea-cups and empty sandwich plates of a doctor's sitting room in a little children's hospital not far from London Bridge, and idly wandering through the back pages of the B.M.J. My paediatric appointment was drawing to its end, and now what was it to be? obstetrics in North London, psychiatry in Bodmin, or . . . a trip? I often wonder whether there is a cerebral centre for restlessness, because, if there is, mine must be hypertrophic. As a student, I had roamed around the world whenever I could: to the edge of the Algerian Sahara; on a floating clinic off the South China coast; not to mention a period of midwifery in Wigan! The travelling urge was obviously at it again on that bleak Bermondsey morning when my eyes rested on: "The Save the Children Fund requires a medical officer for its new children's clinic in the Yemen". My wife concurred (though she wasn't sure where the Yemen was either!), and off we went.

Summertime on the Red Sea is sizzling hot, and the twenty mile journey across the coastal plain to the mountains of central Yemen was not pleasant. But as we rose we cooled, the air cleared and we found ourselves in a fantastic landscape of jagged and soaring peaks. Terraces still green with maize, rose a thousand feet or more in continuous sweeps up to stony villages. There were plenty of children about, and though they looked fit, we suspected that these were the stronger products and that the weakest had "gone to the wall"; they had perished before they could play. For four hours we meandered through the mountains, crossed the high plateau at 9,000 feet, and then topped a hill to see Sana'a, the Yemeni capital, stretching beneath us. Our Field Director, an ex-Major with a keen sense of drama, declared the significance of the moment; it was, he said, the arrival of the first British medical team in Sana'a for 35 years, and the first ever mission for child relief in that part of the country. Duly impressed, our hands tightened on stethoscope and British passport!

Sana'a was a beautiful sight, lying beneath the Jebel Numqam. To the Yemenis it is "Holy Sana'a", the ancient capital of the Imams, priest-kings of Yemen, and the keeper of over 50 mosques. Within the walls of the old city are narrow lanes and teeming markets, like London before the Great Fire, and just as dirty. The new town sprawls untidily across the plain and knows as little of sewers and pavements as its predecessor. Its streets are full of dilapidated Russian taxis and Japanese trucks, and hundreds of children who play fearlessly amongst the chaotic traffic. Sana'a is a jumble of circum-

stances. Former Aden businesses sell transistors and drugs along the "High Street", and a shepherd drives his flock between the parked cars. There are armoured trucks laden with shabby soldiers, or the henchmen of a local sheikh, in town to have his way with the Government. Some of the policemen on point duty are boys of perhaps twelve years, fifteen at the most, their rifles only a head shorter than themselves. Many of the men promenading in the town are chewing leaves plucked from privet-like twigs which are carried in green plastic bundles. This is "Qat", and in the afternoons almost everyone chews it, for its stimulating, comforting effect. Men and women, peasants and generals, the whole Yemen knows the quiet pleasure of qat, and hours are passed picking off the succulent shoots whilst gently discussing one thing or another. As the cheek bulges with its green mush, the spirit relaxes and ideas and dreams flow through the addled mind. Perhaps they dream of the time, generations ago, before qat cultivation usurped the fruit orchards, when grain terraces covered the hills, and Yemen was "Arabia felix" indeed.

Centre of the ancient civilisation of Yemen was Marib, a town on the edge of the great desert of Rub-al-Khali, the Empty Quarter. Its land was called Sheba and its people, the Sabaens, flourished around 3,000 years ago. Their most famous queen Bilquis, a remarkable pioneer of Arab-Jewish détente, journeyed to Palestine to meet King Solomon. The fields of Marib were irrigated from an artificial reservoir which, according to Koranic legend, were destroyed by Allah in wrath against his unfaithful people. The fields were flooded, the precious water soaked away and, like Sodom and Gomorrah, Marib and the Sabaeans felt the chill wind of death blowing from their

withered orange groves. Thus broken, the Yemenite economy never recovered, and the farming and commercial techniques changed little up to the present day.

A succession of religions and cultures settled on, but did not disturb sleeping Yemen—a little Judaism, a touch of Christianity . . . and then Islam. "The Way" of Mohammed cemented the nation for 1,500 years. Its High Priest was also the king, and he could boldly invoke religious authority to justify and excuse his autocratic excesses. The power of the Imams was absolute (as long as its ways did not conflict with the Koran) and nothing happened in the Yemen without the Imam's personal seal of approval. No foreigners entered, moved around in, or left the Yemen without prior permission from the King. All national monies were kept in the Imam's capacious pocket, and, it is said, he kept the key to the National Pharmacy, outside which no western medical preparations existed. His must have been the most over-treated headache in the world!

By the design of the Imamate isolationism was complete both from the Yemeni people and from the rest of the world. The Imam and his court (effectively his family) were immensely rich, the people were immensely poor—a stable state of affairs, a "Pax Imamorum", the will of Allah. In 1948, however, Allah's will shifted, and the Imam Yahya bin Mohammed Hamid al Din was assassinated. The first Yemenite revolution that followed did not succeed, and the Royal successor became Ahmed, called the "Sword of Islam". He felt constrained to move a little nearer to the outside world (by establishing diplomatic relations with the U.S.A. and Britain), but it was not near enough for the soldiers and sheikhs' sons who had seen what was happening in Aden, and who had been to Cairo, the spiritual centre of Arab Republicanism.

In 1962 Imam Ahmed died, as a result of wounds from an assassination attempt the previous year. His son reigned for only six days; then, smartly overthrown, retired into obscurity, leaving the administration of his country to President Sallal. The new Republic was unstable; the Royalists fought bitterly for the restoration of their power, and the peace which followed their final defeat in 1969 was an uneasy one. The new Government could not rely on the allegiance of the sheikhs, especially those in areas remote from Sana'a. A strong thread of unrest was woven into the Yemeni fabric by communist insurgents from the People's Democratic Republic of Yemen (the old Aden Protectorate); the terrorist activity ascribed to them continues and threatens to increase. Today, then, North Yemen appears more and more to be a "buffer state" between the Aden communists and the Saudis, and if Sana'a swings to the left, there will be anxious faces in Riyadh. This political significance of a country without recognised mineral or agricultural wealth explains the brisk interest of foreign diplomatic missions in Yemeni events. There is a large and heavily guarded Russian Embassy in Sana'a, and the number of Americans in town is rising progressively; not all of them are Peace Corps volunteers. "Hearts and minds" campaigns from both camps will probably meet with little success because of the Yemeni pre-occupation with tribal affairs rather than with

national plans, and, like everybody else, with personal gain rather than the common good; foreign influence, either to strengthen or imperil the Sana'a Government, is most effectively exerted through bribing the sheikhs. In this situation, civil war is more likely than peace.

I was there, however, not as a political observer, but as a children's doctor, and our clinic opened on 1st November, 1972. Infectious diseases, the "diseases of dirt", made up the greater part of our work, with gastro-enteritis, otitis media and respiratory infections leading the field. Measles and whooping cough had their seasons of deadliness; TB and polio were ever-present.

Growing up in the Yemen is an obstacle race through a morass of disease, and the children who make it to their teens have acquired a good hand of immunoglobulins. The first month or two of life is calm enough, but then the hard-pressed mothers find their milk declining, and turn to the bottle. There is but scanty appreciation of correct milk strengths; the infant may receive just enough milk powder to whiten the water, or a thick dollop of double strength. Unless supervision is close, these diarrhoeas do not subside, and with the onset of secondary infection and dehydration, infant mortality begins to climb. The diarrhoeas are recurrent and the weakening progressive, so that the six month infant falls easy prey to Granny's TB or big brother's measles and whooping cough. Prolonged breast feeding improves the outlook, although a failure to supplement the diet with sources of protein, calcium and vitamins leads to a small, puny two-year-old. Around two years of age, gastroenteritis and respiratory infections dominate the scene, and the first polios have fallen lame. Arab children care little where flies settle, and from the rubbing of millions of hairy fly-legs, the child's lips become the very doormats of disease. From his hands and his food come the eggs of round and threadworm, universal inhabitants of the Yemeni bowel, and injected eyes blink in vain before the gusts of dust and Trachoma virus. The more severely malnourished two-year-old develops the swelling misery of Kwashiorkor, and repeated infections will have pushed him further away from the hope of recovery. The overall vitamin status of the children is deficient, and rickets is virtually the norm. Much of their diet is bread, biscuits and milk, and the family's meat and vegetable does not reach the children in adequate quantities.

Dirt is the major problem. A sanitary and clean water system is an obvious essential for an improvement in the public health, but the practical problem is that ideas of hygiene do not come naturally. The preachers and practitioners of cleanliness know the benefits of their doctrine, but the audience is not easily convinced. They feel no urgency for action. The priority in the Save the Children programme is the instilling of sanitary ideas and patterns of sound infant feeding, and we hope that with this and the vigorous immunisation clinics now under way, the face of disease in the Sana'a region will soften in the next ten years. The pathological landscape is virgin no longer; it has been "polluted" with drugs, vaccines and food. Our footprints are in the sand.

NURSING

The Cost of Living

It is a fact that many of the working people in this country are not able, with the salary they earn, to cater adequately for their needs. This does not in many instances apply to those who are manual workers since, in the main, they tend to earn high wages. It does, however, apply to those who, in many instances, are intelligent and have spent long periods studying in order to obtain the qualifications necessary for their work. These people are for the most part commanding salaries which are grossly inferior to those whose work carries little responsibility, and virtually no training. Frequently this is because the power to "shout" for one's rights is less. The groups involved are largely professional people, and nurses feature very largely in their ranks.

It is no secret, although an infrequently mentioned one, that many nurses—and junior doctors—are having to undertake employment in two jobs in order to earn adequate salaries. Male nurses are particularly affected and, if they are married, their wives invariably have to work also.

There is of course nothing illegal in this, provided that the work is legal! But it does raise two questions. Firstly, why is it necessary? And secondly, what is the effect on the health and efficiency of these nurses?

We are constantly informed that the reason for nurses having such long holidays each year is because in such work these breaks are essential. Nobody, however, worries about what one does during these times, or indeed during any ordinary off-duty period. It is apparently quite in order to commence work at 8 a.m. and finish at 4 p.m. and then undertake night duty as an agency nurse.

This, surely, is creating a potential danger for patients, since no one person is capable of working under very tiring conditions without regular breaks. As things are, the number of non-fatal mistakes and "near misses" are alarmingly high, and maybe a survey into the reasons for this might prove to be a salutary exercise.

In addition to this, is the image of nursing improved from a professional angle when nurses are known to be working in strip-tease clubs as their second form of employment?

The Government take great advantage of the hypothesis that nurses are "dedicated", but this tends to wear a little thin when the reward does not even permit many of them to pursue even a moderate existence.

NOTICE

There will be a Full Blues Meeting on Thursday, 15th January, 1974, at 5.30 p.m. in the East Wing Committee Room. All Full Blues are invited to attend.

CORRESPONDENCE

Patient Washing

SIR,—Miss MacManus remarks in her article (*Gazette* 3rd November) that "the ritual of washing your patients daily and doing his back seems to have gone out of fashion."

Two years ago, my husband returned home with a partly healed large bedsore. The scar was there a year later when he died. In this hospital they told me there was no need to do backs with spirit, they just moved them about these days.

A few months ago, there was an article in the *Gazette* on the treatment of bedsores. Having trained at Guy's in 1931, when one of our main nursing chores was the care of backs, I can hardly remember a bedsore. In fact, one rather expected to be thrown out of the hospital if one's patients got such a thing.

After the daily back-wash, one applied spirit and talc with massage three times a day if necessary. Old, thin patients had their pressure points gently rubbed with a mixture of brandy and castor oil, to stimulate and protect from moisture. I suppose these days the nurse might think the brandy was to stimulate her; we didn't.

I would like to know a more important nursing chore than the care of pressure points, especially backs. I am afraid not only that fashion has died out but the whole fashion of basic nursing, which when all is said and done should be the comfort of the patient.

Yours faithfully,

Westwood, Gaunt's Common, Wimborne, Dorset. BH21 4JR. ELIZABETH FORMBY.

Mr. M. Copeland

SIR,—At the beginning of the current season, Michael Copeland retired from looking after the "gate" at Honor Oak Park. For many years, he has turned out regularly with his helpers to collect the gate money and to sell the programmes at the home games of the Hospital 1st XV. In fact, the Copeland family has been part of the scene at H.O.P. for more than two decades. It is not surprising therefore, that he has finally decided to spend less time at the gate and more time watching, perhaps, the team in future.

On behalf of the Club's Union, and particularly on behalf of the Rugby Club, I would like to thank him for all the time he has spent helping Guy's in this way over the years and hope that he will continue to spend at least a proportion of his free time at H.O.P. in an unofficial capacity.

Yours faithfully,

Department of Oral Immunology, Guy's Hospital, London SE1 9RT. S. J. CHALLACOMBE (Hon. Sec. GHRFC).

Rugby Club

SIR,—In "Passim" of 17th November, you draw attention to the large proportion of the income of the Clubs' Union that is spent by the sporting clubs, and in particular, by the Rugby Club. You imply, furthermore, that too much money is spent on entertainment and teas and on tours and travelling. In the Rugby Club, the allocation of £165 for "entertainment and teas" is used entirely in order to provide hospitality for visiting teams; our own members all pay for their own teas. Because it is so expensive for teams to travel to Plymouth, Devonport, Exeter, Taunton and South Wales, where we have long established fixtures, we are trying to find means of reducing the cost by playing all matches in London or by staying in the private houses of our opponents in preference to hotels. We also try to reduce the cost of the Club to the Clubs' Union by raising money on our own through a Supporters' Club and various other means.

The Rugby Club is undoubtedly an expensive one at a time when money is scarce and inflation reduces its value. Let us not forget, however, that in the Rugby Club, the oldest in the world, Guy's has something to be proud of. We field up to six sides each Saturday and provide an interest, especially at cup-ties, for scores of present students and old Guy's men. Our fixtures have been built up over the years and we are one of the very few Guy's clubs whose performance is top class. Many Guy's men must have felt proud to see the hospital seven-a-side team winning through to the Middlesex finals at Twickenham and beating a strong London Welsh side. The present fifteen is playing attractive and skilful rugby; they deserve every bit of support (financial and otherwise) we can give them.

Yours faithfully,

109, Harley Street,
London, W1N 1DG.

Mr. T. L. T. Lewis.
President, Guy's Hospital Rugby Football Club.

Charity Lunches

Sir,—The charity lunch held on 6th November, 1973, raised £18.50 for "Help the Aged" and that of 4th December, 1973, raised £12.33 for the N.S.P.C.C.

I am most grateful to all those who have aided and supported these fund-raising ventures. Owing to the success of the lunches the Guy's Hospital Christian Union will be sponsoring more in the New Year.

Yours faithfully,

East Wing, Guy's Hospital,
London, S.E.1.

S. J. N. Daniell.

SPORT

RUGBY

Guy's vs. London Irish

London Irish 25, Guy's Hospital 19

Faced with the strongest opposition this season, Guy's began this game with rugby which at last reflected the true potential of the side. Moore scored the first try, having picked up a kick ahead from Danford. Fitton converted and added another three points, when continued Guy's pressure lead to an Irish infringement.

The experienced Irish pack began to close the game up, and less ball became available for the Guy's backs. Yetton had to move from centre to wing with a hip injury, and Harker took over in his place. Wave after wave of green shirts broke on a solid Guy's defence, in which Fitton's tackling was a fine cornerstone. The Irish pressure inevitably led to a series of petty infringements by enthusiastic Guy's defenders, allowing the Irish to draw level by half-time.

The Guy's floodgates finally broke just after the interval, when twenty minutes of open rugby took the Irish score to 25 points. The Irish half backs found a lot more room to operate in. and their pack became almost totally dominant in the tight scrums. However, Guy's were far from finished. Gradually the balance of power swung once more, and two further penalties were landed by Fitton. Hughes and Brazier began to dominate open play, and after a ruck on the Guy's ten yard line, followed by a break by Hughes, backed up by Fitzgerald-Fraser and Portelly, Massey scored for Guy's. This brought Guy's within striking distance, but continued Guy's attacks were parried successfully, though sometimes desperately by the Irish defence.

While this was a most enjoyable game, both to play and to watch, the Guy's side must concentrate on finding a suitable antidote to the "middle game disease", which has converted so many of our potential victories into "respectable" defeats, during this season. R.F.M.

Team: M. Danford, S. Harker, R. Fitton, R. Yetton, A. Portelly, R. Moore, M. Phillips, R. Massey, R. Cording, D. Stuart, R. Bury, S. Fitzgerald-Fraser, L. Hughes, B. Hagan, J. Brazier.

Guy's vs. Mountain Ash

Sat. 24th November, 1973

At H.O.P. Result: Won 15—7

After an emphatic victory by 34 points to nil over weak opposition the previous weekend, Guy's eagerly awaited the match against our Welsh visitors, always difficult to beat, and a good test of the continuance of the team's recent improval.

Guy's kicked off with the advantage of a strong wind and spent most of the first half in the opponents' territory. Exchanges amongst the packs were fierce and the refereeing strict. The Guy's pack held their stronger opponents well and the backs had a definite superiority. Fitton kicked a good 40-yard penalty goal after 10 minutes and soon added two more, aided by the strong wind. Just before half-time, Guy's broke down the right and gained 50 yards before being stopped. Mountain Ash won the ruck, but close marking in the centre, enabled Yetton to break clear. Good support work by Hughes enabled Guy's to swing the ball left, and Fitzgerald Frazer, Phillips and West handled, Portelly picking up the final pass superbly before scurrying over in the corner. Fitton converted with a magnificent kick.

The strong wind persisted throughout the second half and play was mostly in Guy's territory, but the defence was excellent with quick marking and safe kicking. A penalty for foot up was goaled and this gave the opposition heart. Their strong pressure was finally rewarded with an unconverted corner-try after a clever dummy between the half-backs. Guy's countered and a kick and chase gave West an excellent opportunity to score, but he failed to gather the rolling ball. The final whistle went with Guy's attacking strongly.

The singing in the bar afterwards, was the best there since Mountain Ash's last visit, with Barrie Price replying well for Guy's till he seemed to be challenging Welsh superiority and lost his trousers.

Artists XV vs. Beckenham B

Artists XI 46 Beckenham 0.

An amazing spectacle! writes Gottle O'Geer, correspondent and writer from the Sunday Ger'emoff, the weekly with millions of viewers.

Yesterday, I was witness to the Artist's last pre-match training session at the Grapes. It was an emotional scene: cries of, "I'm not paying that ***q*** much, brewery strike or not" rent the air. After some hard exchanges from the forwards, the team retired gasping to the corner to discuss tactics. It was eventually decided that Curley should drive down alone until he changed his overcoat as there was a heavy rainstorm, and after a quick trip through S.E. London most of the team found themselves in the Beckenham clubhouse, huddling for warmth round any girls present.

Once on the field the Artists showed their skill and won the toss for the first time this season. By now, the opposition were huddling together, their knees knocking and teeth chattering in terror (or was it the cold?). After five minutes, Phil Reasbeck strolled onto the pitch, and the Artists realised they had been playing with fourteen men. Excited by the novelty of playing with a full side, they soon ran in tries by Jones, Reasbeck, Mcleod, Nightingale and Pete Lewis, while Paul Lewis sportingly entertained both sides by tripping over in front of an unguarded line. Later diagnosed as having too much blood in his alcohol stream he was heard to mutter that he thought the goalposts were the legs of a familiar bar-stool. Half-time 26—0.

The second half presented a tougher proposition, playing into the wind and harsh glare of the moon. However, the forwards continued to dominate and with the three-quarters running hard and tackling well, when they weren't bumping into each other in the dark, four more tries were added by Ireland (2), Wynn-Jones and "Randy Ipley" Rowland. Pete Lewis took the conversions (during the match) and landed five.

Next week : Will Pete Wheeler score?

Team: Pete Wheeler, Pete Nightingale, Steve Green, Dave Young, John Pearson, Bruce Mcleod, Phil Reasbeck, Mac Rowland, Pete Lewis, Derek Norfolk, Paul Lewis, Hywel Jones, John Wynn-Jones, John Ireland, Steve Killick.

J.H.P.

BOAT CLUB

University of London Winter VIIIs

The U.L. Winter VIIIs races on Saturday, 24th November, allowed Guy's to show its potential for the coming year's rowing, and for our novices to make up for an umpire's inconsistency at the United Hospitals Regatta.

Throughout the day the Open VIII received the envious looks to which they have become accustomed. In the heats they beat a surprisingly strong University College and Hospital crew and were giving us one of the most exciting races of the day in the finals against Imperial College I and St. Thomas's I when Imperial I showed themselves unable to maintain their station in the wind—all praise to our cox, F. Moorhouse—and there was a collision. In the re-row Imperial I just led Guy's across the line with St. Thomas's I about two lengths behind.

As a result of some unfortunate losses Guy's II, rowing in the novice division, had to be a scratch crew and so took to the water half an hour early so as to have a little time to settle. Just before the start they were ordered back to the boathouse to change boats as the umpires had decided Guy's II was going to row in a clinker, not in the restricted boat which they had been allocated. At the start, which was by *The Ship*, just below Chiswick Bridge, the water was very rough, and our novices were not very happy, however, nor was the opposition, Middlesex II and King's College III. The first five strokes changed everything: they demoralised the opposition and gave Guy's a half length lead which was increased steadily until, at the finsh, by the boathouse wall, Guy's II was at least 10 lengths up on the next crew. The second heat brought Guy's against Chelsea II who had previously beaten Imperial College IV, said to be the favourites. It was a happy crew who rowed to the start, but one appreciating their previous victory may have been fortuitous; they need not have worried, again in the first five strokes Guy's were half a length up, and this time the opposition's morale was shattered to the extent of at least 15 lengths. In the finals which were rowed down river as the tide had turned, Guy's II were made to row hard for the first two minutes before leading Queen Mary College II home with a comfortable two lengths lead, thanks to the determined stroking of Nigel Drane.

This sort of rowing, showing that the Boat Club has promising new members as well as eminent senior oarsmen gives great hope for the future.

Crews :

Guy's I—Bow, D. Wright; 2, P. Bolton; 3, P. Rosie; 4, M. Gleeson; 5, R. Pinckney; 6, J. Burgess; 7, P. Stuart Bennett; Stroke, A. Chivers; Cox, F. Moorhouse.

Guy's II—Bow, A. Dighe; 2, G. Vevers; 3, J. Hancock; 4, J. Beard; 5, Tim Palmer; 6, S. Dinham; 7, S. Caswell; Stroke, N. Drane, Cox, M. Attenborough.

G. W. G. V.

Guy's Hospital Ladies' Boat Club

University of London Women's Inter-collegeate Regatta held on 1st December.

The L.B.C. entered two crews, a novice four and a college four. The race was held from the petrol pumps to Chiswick Bridge.

The novice four rowed gallantly against "The London" but gracefully lost to the opposing side.

The college four, also rowed against a crew from "The London", but despite an enthusiastic start and good timing, had to "bow" to the superior muscle—dare I say training!—of their opponents.

Novice Four: Bow: Susan Hicks; (2) Sandie Grant; (3) Elizabeth Brownbridge; (4) Jenny Loch; Cox, Simon Jeffries.

College Four: Bow, Claudia Lloyd Roe; (2) Ann Claessens; (3) Charlotte Cavanagh: (4) Jenny Loch: Cox. Simon Jeffries.

Our thanks go especially to Simon and Jenny. C. A. R.

2nd XI HOCKEY — AN APPRAISAL

Record for 1973 P-9, W-2, L-7 Goals, F-11, Ag.-26

So far, the 2nd XI have not had a successful season. The results almost speak for themselves. Some of the individual scores do not, however, reflect accurately their respective matches. So often the team may have won or at least drawn by just maintaining that crucial combination of concentration and work-rate during the second half. Several of the games have also been somewhat frustrating through poor and inconsistent umpiring both at home and away, though strangely the team feel they have suffered more at their home games. Three matches have also been played on "the meadow", which is "a bit rough" even for a game of football. These particular games have been damaging to the team's morale (the pitch could, it seems, be damaged no further), as some of the natural ball-players have been heavily handicapped by the atrocious surface. Surely it is both unfair and highly embarassing to expect a visiting team, who are used to good pitches, to play on such an abomination. May I quickly point out though, that there has been a noticeable improvement in the 1st XI pitch during the last two years.

So much for retrospect; what about next term? This is undoubtedly the more important half of the season, accommodating those vital Hospital Cup encounters. Regarding relative Hospital Hockey prowess at this level, Guy's are fortunately one of the top teams; if not the best, then equal best. (Whoever heard of Guy's being inferior to another Hospital on any plane?). On paper Guy's should win the Junior Hospital Cup; they should also triumph on grass (which is more important).

In recent matches several freshers have emerged as useful and talented hockey players. These men, together with the senior members of the team must approach next term's hockey positively and be determined to win not only the Cup but also to give a just account of themselves in other fixtures.

C. E. H.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL BOARD
OF GOVERNORS
ST. THOMAS'S HOSPITAL
BOARD OF GOVERNORS
AND THE SOUTH EAST
METROPOLITAN REGIONAL
HOSPITAL BOARD

Applications are invited for the appointment of **Senior Registrar** in Thoracic Surgery to the Boards of Governors of Guy's Hospital and St. Thomas's Hospital, and the South-East Metropolitan Regional Hospital Board (Brook Hospital) with duties rotating between the three hospitals to commence on 1st January, 1974 and subject to annual review. The appointment will be made jointly by the bodies concerned.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **20th December, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Junior Surgical Registrar** (S.H.O. Grade) to commence as soon as possible.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **28th December, 1973.**

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the appointment of **Locum Junior Surgical Registrar** (S.H.O. Grade) to commence as soon as possible.

Application forms are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT.

THE NEUROSURGICAL UNIT OF GUY'S, MAUDSLEY AND KING'S COLLEGE HOSPITALS

Applications are invited for the resident post of **Senior House Officer** for six months commencing as soon as possible after 1st January, 1974. The Unit, which is housed in the Maudsley Hospital, serves Guy's, Bethlem Royal Hospital and the Maudsley Hospital, and King's College Hospital.

Applications giving details of experience and the names of two referees should be made by **29th December, 1973,** to the House Governor, the Maudsley Hospital, Denmark Hill, London, SE5 8AZ.

GUY'S HOSPITAL BOARD
OF GOVERNORS

Applications are invited for the post of **Senior Registrar** in Ophthalmology with attendance on six sessions a week and duties to commence as soon as possible.

Forms of application are obtainable from and should be returned to the Superintendent, Guy's Hospital, London SE1 9RT, not later than **28th December, 1973.**

PASS LIST

UNIVERSITY OF LONDON

Third M.B., B.S.

October, 1973

Pass List

T. R. E. Barnes
Philippa S. J. Birch
S. E. T. Bowden
A. E. Brown
N. P. Byrom
Mary E. F. Clift
Helen Dow
S. J. Doyle
C. R. Franks
C. R. Gilbert
R. K. Green
A. J. Hall
N. F. G. Hopkins
F. P. Jackson
D. J. Jones
R. B. Kinder
J. K. Klosok
W. H. Konarzewski
A. E. Limentani
M. C. Mace
V. K. Manna
R. G. Mitchell
C. B. Morris
S. C. Ng Tang Fui
J. L. Ogle
M. A. L. Pringle
J. S. Strang

THE ROYAL COLLEGE
OF PATHOLOGISTS

Primary Examination

October/November 1973

B. Naylor
R. J. Von Witt

ROYAL COLLEGE OF SURGEONS
OF ENGLAND

Primary F.R.C.S.

October, 1973

A. K. Addison
G. M. A. Heaton
J. L. Lewis
C. J. Rudge
D. G. Williams

ROYAL COLLEGES OF PHYSICIANS

M.R.C.P.

October, 1973

M. Bahemuka
R. A. Blackwood
D. W. Gorst
V. J. Harvey
W. F. Jackson
A. M. Ross
A. G. Samuel-Gibbon
D. F. M. Thomas

UNIVERSITY OF LONDON

M.D.

November, 1973

D. J. P. Barker

M.Sc.

Radiation Biology

October, 1973

T. J. Crosby

Ph.D.

Medicine

Jennifer S. Wakelin (Physiology)

L.R.C.P., M.R.C.S.

October, 1973

Collins, Kenneth John
Morris. Carey Boynes

M.B., B.S.

October, 1973

Dow, Miss Helen
Green, Richard Kenneth
Hall, Andrew James

THE CHARTERED SOCIETY
OF PHYSIOTHERAPY
FINAL EXAMINATION
— NOVEMBER 1973

Mrs. S. E. Aitken-Davies (née Letham)
Miss J. S. Blight
Miss E. J. Clark
Miss G. R. Crampton
Mrs. C. I. Glanville (née Bucknell)
Miss R. A. Jenkin
Miss R. M. Langford
Miss A. D. Sevitt
Miss M. N. Wright

CHANGES OF ADDRESS

Mr. and Mrs. R. G. Beard, 8 Hillway, London, N6 6QD. Tel.: 01-348 8516.

David M. Calder, L.D.S., R.C.S. (Eng.) 1926. (Retired): 28 Waalhaven, Alexandra Road, Pieter Maritzburg, Natal, S. Africa.

Dr. and Mrs. Ian Jones, 1926 26th Avenue N.W., Rochester. Minnesota 55901 U.S.A.

BIRTH

SHARP—At Musgrove Park Hospital, Taunton on 3rd November, to Hugh and Catherine Sharp, a son.

PERSONAL

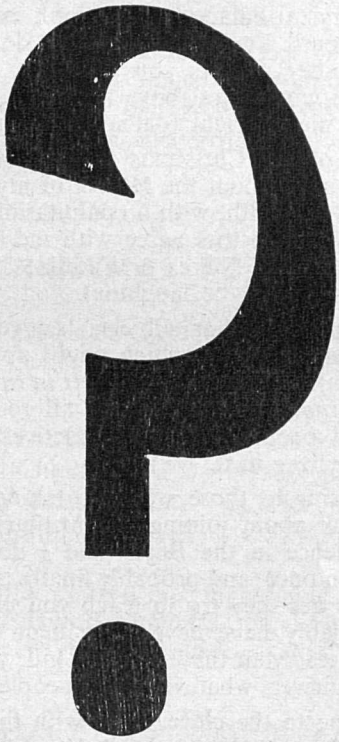
EASTBOURNE. Guy's dental surgeon requires a colleague to assist the running of a high class practice in Eastbourne, commencing April, 1974. There is ample scope for private dentistry and the practice has its own laboratory, specialising in gold and porcelain work.

For leisure, this delightful holiday resort, with Britain's top sunshine record, provides opportunities for golf, sailing, riding, concerts and theatre.

Box No. 12, Guy's Hospital Gazette.

MICROSCOPE, Student's model microscope required. Details and price to Box 18 Guy's Hospital Gazette.

SMALL unfurnished flat wanted for mature business Lady. Reasonable rent. Permanent let. Kent area preferred. Close to London. Farnborough (Kent) 58530 evenings. 01-407 7600 Ex. 357 daytime.



Happy Christmas Folks!

From an East African correspondent

Hallo there, fans

As you know I'm pretty fed up 'cos I was not invited to be best man at that wedding. So my present of de coconut bed mats will have to go to the Crystal Palace. Now I don't expect to visit London for a bit, well not until I'm invited to open de new Block dat you are going to name after me. As you will have read in your papers, I've been chasing around de oil boys recently, so if you want some oil you'd better oil me up right (dat's a joke, man).

Now de point of my Christmas Message to you good folk at Guy's is to tell you a bit about the Health of my country. Right now I say I'm in the best of health, with no palpitations or nothing sinister or dextrose, and all my doctors agree with me (they have to or else there'll be no gas for their Mercs or Cadillacs; I'll nationalise their Nitrous Oxide and then I'll be laughing).

Since we returned all your subjects last year we find we have openings in our Health Service which might appeal to you (not dat I'm appealing to you). *As your subjects left in rather a hurry they left quite a few good surgeries.* I don't like to fill good practices with bad people, or let good people have bad practices, as we are a clean country and don't believe in it.

First I'm speaking to those who are taking the 2nd MB exam soon. Why not think about joining our Military Forces and getting your clinical experience in the Bush (and I don't mean Shepherd's Bush). You can learn once, and probably finally, all about our wonderful tropical diseases dat they try to teach you in the medical school. Your teachers probably have never seen dem diseases in the flesh, only in the book-cases. Man they can sure kill, you'll see, and stamping on them is no answer, whatever them people with Dr. WHO say.

Next I'm talking to the clever ones with the B.Scs and also the Married Scientists. I'm not interested in Farmacology, we got plenty here and the men on the land nearly got all the problems beet. We don't need any specialists in de Physiognomy, as I'm the only pretty wise guy around here. There is no need for any Anastomoses since its mostly a dead end job. What we do need is de Baby-Bio-Chemists. Now I'm not interested in what happens to those hairy little piggies in the torrid Argentine, but we do have the largest lavoratories in the world for de examination of dem protein things; after all where do you think thay thought of the name Amin-O-Acids. We built our lavs. like in that Cinema in Sheffield where Big Man Krebs lived with his Urea.

Now those students looking for the nice cushy elective period abroad. We cater for all types here, especially in de north where they like a nice tender student, even if they can't digest your opinions. If you want to see surgery first hand, you want to be around when some of our butchers get careless. For de ENT jobs we really need de people with the Nose-how. For long term medical positions we could fix you up with a job in de prisons, that could be a job for life.

And de doctors, which doctors do we need? Any sort but de witch doctors as we got plenty of trouble with them. But don't you worry they all signed on the NHS and wont spell out anything bad for you.

We need dentists badly for de export industries; very important work in de making of pearls from old teeth. Also der is de threading of teeth for necklaces for the tourist trade.

We can use those manipulating physio. ladies in big business and for pulling the other leg when I've told de people something important. And de nurses can help to pull de wool over their eyes.

So for further information just write to me, Big Daddy, and I'll find you something aminable.

CHRISTMAS PUDDING

The Hospital Pharmacist has decreed that all Christmas puddings should be made up to the following specifications :

Desicc. Fruit	900 gm.
Cryst. Sugar, T.L.	250 gm.
Sod. Chlor, B.P.	50 gm.
Pulv. Bread, H.B.	250 gm.
Pulv. Flour	125 gm.

Using Emuls. Milk (3 tsp.) mix ingredients to a fine Ung. Add Caps. Chicken slowly, E.M.B. Standard 3, and Gutt. Almond Essence to flavour. Complete with Inj. Cognac p.r.n. Decorate with Sprigs Holly 2.

Key to abbreviations

B.P. British Pharmacopoeia (1970)
T.L. Tate and Lyle (1973)
H.B. Hovis Brown (1973)
E.M.B. Egg Marketing Board (47 B.C.)
B.C. Brown Chickens

The whole dish should be Araldited to the dish with Mist. Spit Cust. 1 cupful, cunningly enclosing one 5p* piece wrapped in Surgeon's Glove (left).

*V.A.T. included.

A Catalogue of Medical Terms

(By Sir Vical Smear, M.D., F.R.C.S.(Ire)

As junior medical students enter upon their clinical studies, they will encounter the remarkable phenomenon known as medical shorthand. Ask and you will be told, but some of these epigrams contain more beneath the surface than one would imagine. So, here is a short guide to some of the commoner terms and their real meanings.

Family history—nil relevant: Forgot to ask.

Unco-operative patient: I forgot to take off my name badge saying "Medical Student".

Pleasant lady: The patient liked me.
Nervous and irritable: The patient didn't like me.

Obese: I used to think I was fat, but you should see the size of this old dear.

Genitalia Normal: They look about the same size as mine, but you wouldn't catch me handling them if you paid me.

On examination, NAD: This patient is a young man who has come in as a day case for a gastroscopy.

On examination, followed by two pages of negative findings: This patient is a young lady who has come in as a day case for a gastroscopy.

L°K°K°S°: This was what the houseman found and, although I don't know what it means, it looks good in the notes.

Absent breath sounds: Was listening with the bell of the stethoscope whilst the lever was turned over to the diaphragm.

Planter reflexes absent: Ticklish feet.

Grade 2 systolic murmur: I could just hear it provided the ward was quiet, but then I noticed my stethoscope tubing was rubbing on the bedclothes.

Grade 1 systolic murmur: Easily audible after the consultant has drawn a circle where you should listen.

Prawdwicz-Neminski sign absent: Just to keep the Junior Registrar on his toes.

Fundi not visualised: Ophthalmoscope batteries were flat again.

Perla: This patient has neurosyphilis.

PR normal: Patient thought I had finished examining him and nipped off to the TV room before I could find the lubricating jelly.

Erythematous wheals on trunk: I really must get my fingernails cut.

Fixed, dilated pupils: The patient arrested while I was talking to him.

Sciatica can
Lumbar you for life.

* * *

Hypodermics are all right,
But they get under your skin.

* * *

If you're unfortunate enough
To swallow a teaspoon,
Lie down on the bed
And don't stir.

* * *

Love is nothing
But contact between two skins.

* * *

Life is something to do
While you're waiting to die.

* * *

I offered to paint her in the nude;
She accused me
Of canvassing her favour.

* * *

Sex is simply something
That the posh people get their coal in.

* * *

"What's the difference between a buffalo and a bison?"
"I don't know; what is the difference?"
"You can't wash your hands in a buffalo."

* * *

Brucellosis is an infectious disease
Caught by playing "The Generation Game".

* * *

"I've not been feeling myself recently, doctor."
"I'm glad to hear that: it's a nasty habit you had there."

* * *

A medical student from Caius
Passed all his exams with great ease:
Now he's working at Bart's
Putting valves into hearts,
And collecting exorbitant fees.

* * *

The Royal College has given a prize
To a well-known physician at Guy's,
For showing that throwing
Caused slowing of growing
And was terribly bad for your eyes.

Old Professors never die. They simply lose their faculties.

* * *

The Administrators are playing a new game called Bureaucracy and the first person that moves loses.

* * *

Bulldozer—a man who sleeps through Party Political Broadcasts.

* * *

Students to a diabetic "Do you have any sugar in your water." Patient "No Guv, I only 'ave it in my tea."

* * *

We wish all readers, and non-readers a very Happy Christmas

* * *

Following the closure of the Spit at weekends we regret to announce that it is now open during the week.

CROSSWORD

In response to overwhelming demand (thank you for writing, Sir!) here is the solution to last year's crossword.

Across: 1. Onomatopoeia (write it small and it'll fit in); 4. Oracular (alias Peter Cushing); 9. Lakke (as in "You lakke people"); 10. Pityriasis; 11. Derotremate (what?); 12. Rigging (without the "f"); 13. Tregetour; 14. Pollucite; 16. Lithotrite; 18. Stirring (as in Sam Houston Institute of Technology); 20. Quasimodo (the lunch-pack of Notre Dame); 21. Procuration (as in bed); 24. Pneumatic (the "p" is silent, as in bathing); 25. Rococo (as in Cadbury's); 26. Grocer; 27. Conturbation (it makes you blind, you know).

Down: 1. Pendulous (as in describing brassières); 2. Bonduc; 3. Nora Bone (authoress of the famous book "How To Feed Your Puppy"); 5. Constipation (viz. dynamite suppositories); 6. Disaster (the woman who stood too close to the bacon slicer); 7. Guise (not Bart's); 8. Lapidary; 13. Eunuch ("Who is that without?" Antony and Cleopatra, Act 2 Scene 3); 15. Opening (no comment); 17. Pianist (not to be said quickly after a packet of wine gums); 18. Weel (meet again, don't know where.....); 22. Troilite (not what you're thinking); 23. Mameluke (Sister on the sixth floor of New Guy's House—anag.)

Who said it?

Which famous people said:

(1) There, I told you it didn't feel like an ovarian cyst.

(2) My wife has given me a new briefcase for Christmas . . . every year since 1940.

(3) I can't move, I've got to turn over for the organist.

(4) A Merry Syphilis and a Prosperous Gonorrhoea.

(5) More chips in the cafeteria.

(6) A.....h

(7) The Queen is usually very polite to me.

(8) How do you know it's breast? . . . because of the teeth marks.

(9) Kilroy is still here.

(10) We never do it early enough, do we?

(11) No Treasure.

Answers:

(1) Dr. W. M**n (examining a male patient).

(2) Dr. G**r*e Sc**t.

(3) R*na H*ck**n. (Music Club Secretary).

(4) Overheard in the Annexe.

(5) Bridie O'Spit.

(6) Mr. J. W. M*n*ie.

(7) Dr. St*f**rd-C***k (retd.).

(8) Dr. C*l*n B*rr*.

(9) Dr. C**in H**t*r-C*a*g.

(10) Sports Editor (recently married).

(11) Assistant Editor (recently married).

We take great pleasure in announcing the amalgamation of the Hockey and Soccer Clubs following the admission of the Rugby Club to York Clinic. We wish their crew every success in the Grand National.

Awards for the Year

Greatest Event of the Year: Closure of the Spit at weekends.

Greatest Non-event of the Year: The Christmas issue of the *Gazette.*

The longest time a lift has been working in Hunt's House: 3 hours 5 mins. 2½ floors.

Voted the most down-to-earth being in the Hospital: Mr. Wheeler's dog.

The fastest time for the production of a stethoscope at a consultant's request: one P-R interval.

Dr. Moynahan's longest outpatients: 8 days.

Misprint of the Year: It is rumoured that the queens in the Spit are causing congestion on London Bridge.

*Dr. C**in H**t*r-C*a*g improved his standard in all events.*

GUY'S HOSPITAL PROSTHETICS CLUB

presents

"THE RULING CLASP"

or

"HOW THE OTHER HALF CHEWS"

Written by Agatha Avery and Billy Jean Roberts.

Gala performance in the presence of H.R.H. Mrs. Phillips.

Sound effects by A. Stuart.

All seats bookable in advance through Mr. Wheeler.

Music by your resident D.J.—Neill with Glenn (Goldes) Miller and his technician band.

Wax Wafers and Squashes available in the interval.